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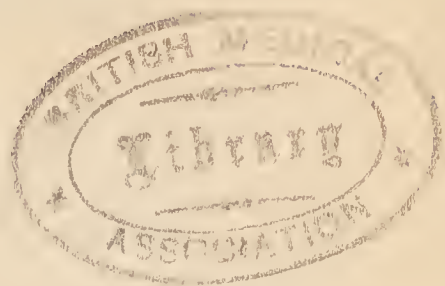


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BY *Board of Control*

LUNACY AND MENTAL DEFICIENCY.



THE  
TWENTY-FIRST ANNUAL REPORT  
OF  
THE BOARD OF CONTROL  
FOR THE YEAR 1934.

PART I

*(Presented pursuant to Act of Parliament.)*

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LONDON

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Price 1s. 6d. Net

70-6-1-34

WELLS-DUNN  
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1934



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THE  
TWENTY-FIRST ANNUAL REPORT  
OF  
THE BOARD OF CONTROL,  
1935.

(FOR THE YEAR 1934.)

**INTRODUCTORY.**

*Accommodation in County and Borough Mental Hospitals.*

During the year there were few additions of importance to public mental hospitals, but various changes mostly of a minor character resulted in a net increase of 1,177 beds. The total number of patients increased by 2,125, as compared with a net increase of 1,348 in 1933; and the aggregate number of patients in excess of the authorised bed space rose to 1,940 (men 664, and women 1,276) on the 1st January, 1935. This would not in itself be a serious shortage but for the slowing down of new building. Only one new hospital (for Southend and East Ham) is now actually in course of construction, and, though several others are in contemplation, they are not likely to be ready for four or five years. Unless the net annual increase lessens, and there is at present no reason to anticipate this, the shortage of accommodation may become much more serious before it can be appreciably relieved by new construction.

Apart from its bearing on the question of accommodation, the increase in the total number of patients need not by itself give any ground for anxiety. It is due partly to a fall in the death rate, which was 6·6 per cent. in 1934. This is the smallest figure ever recorded, and it is remarkably low when allowance is made for the high average age of admission. The other factor in the increase is a noticeable rise in the number of voluntary patients, particularly on the female side. Some of these voluntary patients might have been certified, but many others had not reached a certifiable stage and, therefore, represent an anticipation of cases which, but for the provision of voluntary treatment, might have been included in the admissions in a later year. For reasons that have been repeatedly explained in previous Reports, the net increase, which

is merely the difference between the total admissions and the total deaths and discharges, affords no measure of the incidence of mental disorder. Even the admission rate is not a conclusive test, since this, in its turn, is influenced by the extent of the accommodation available, and a shortage of beds may result in cases which should properly be sent to mental hospitals being kept in public assistance institutions. Although for these and other reasons no definite conclusion can be reached, there are indications that in at least one of the distressed areas the incidence of mental disorders is tending to increase, though not to any considerable extent. At the same time, although the situation will need to be watched with care, we can find no justification for the alarmist statements which from time to time find their way into the Press.

#### *Mental Treatment Act.*

Satisfactory progress continues to be made in the development of the provisions of the Mental Treatment Act. The number of out-patient centres established in connection with public mental hospitals had increased by the end of the year to 134. A particularly interesting development is the establishment by the Hertfordshire Mental Hospital at Hill End of the St. Albans Nerve Clinic, where part-time psychotherapists with the help of trained social workers assist in providing a form of treatment for which the permanent medical staff of a mental hospital often cannot afford the necessary time. The St. Albans Clinic is an admirable example of organization on a team work basis, and the local authority and the medical superintendent are to be congratulated on their foresight and enterprise. While there are still areas where little or no progress has been made with the organization of out-patient clinics, it is encouraging to find that the value of early treatment is being increasingly realized.

The number of voluntary admissions to public mental hospitals, excluding the Maudsley Hospital, rose during the year from 2,961 to 4,078, an increase of 1,117. Female voluntary admissions are increasing more rapidly than male, but this is only to be expected since the man is generally the breadwinner of the family, and therefore is compelled by economic considerations to defer applying for treatment in a mental hospital. The increase in the voluntary admissions is at last reflected in a marked drop in the number of admissions under certificate which have decreased by 513. These figures are subject to a certain discount, because in some cases parole patients have (quite properly) been transferred to the voluntary class, but, even allowing for this, the steady growth of voluntary admissions indicates that advantage is being taken to an increasing extent of the possibility of treatment without certification.

We have, however, noticed with some uneasiness a certain number of instances in which mentally defective children of relatively low grade have been admitted for treatment as volun-

tary patients under Section 1 of the Mental Treatment Act on the application of the parent or guardian. It is open to doubt whether such cases can legally be dealt with under this Section ; and the Board have some difficulty in appreciating the grounds on which medical practitioners have found themselves able to give recommendations under Section 1 (3) " that the person " (in some cases an idiot or an imbecile) " is likely to be benefited by being received as a voluntary patient for treatment for mental illness " under the Section. We are clearly of opinion that the admission of such defectives to voluntary treatment is an abuse of the provisions of the Mental Treatment Act and calculated to bring the system of voluntary treatment into disrepute. The Board will have no alternative in such cases but to consider the exercise of the powers vested in them under Section 3 (2) to order the discharge of such defectives as unfit to remain as voluntary patients.

The growth in the number of temporary admissions continues to be slow, but there was a noticeable improvement towards the end of 1934, and this has continued to a still more marked extent during the early months of the present year. A circular (*see* Appendix) has been issued for the guidance of Relieving Officers and others concerned, and it is hoped that this will lessen the difficulties which have been experienced in working what is admittedly a somewhat complicated section of the Mental Treatment Act. The death rate among temporary patients has been very high, but in view of the gravity of many of the conditions which lead to loss of volition this is not surprising. In any case it only emphasizes the value of this provision, since it means that many cases which must in any event terminate fatally are saved from the necessity of certification with its attendant distress to the relatives. But while the progress made during the year in the development of temporary treatment gives ground for encouragement, we fear that it is still true that many rate-aided patients continue to be certified, although the expenditure of a little more time and trouble would have enabled the alternative of temporary treatment to be adopted.

#### *Medical Staffs.*

We have learned with regret that one of the largest authorities in the country has decided to reduce the medical staff in some of its hospitals. Such a step is all the more unfortunate because, compared with the best Dutch and German mental hospitals, the medical staff of most public mental hospitals in England is inadequate, if patients, particularly new admissions, are to receive the individual attention and treatment they require. Even without making any comparison with continental practice an examination of the number of doctors in relation to the total number of patients will show that the number of patients per doctor is often more than any doctor can reasonably be expected to treat, if any real effort is to be made to study them individually

and to discover the underlying causes which have contributed to their mental condition. We realize that the financial position makes it impracticable to press for any general increase in the medical establishment at present, but we cannot believe that the relatively small saving to be made by reducing a medical officer here and there can be anything but wasteful in the long run. The efficiency of the machine depends upon the staff who have to work it. To expand buildings and to diminish staff is never economical.

### *Chaplains.*

For a long time there has been a gradual diminution in the number of whole-time chaplains in mental hospitals. In the smaller hospitals there is no alternative to a part-time chaplaincy, but in the larger hospitals the employment of whole-time resident chaplains was formerly a fairly general practice. Now this is the exception rather than the rule, and the change in our judgment is most unfortunate. It is a mistake to regard the duties of the chaplain as limited to the performance of a certain number of services, important as the proper conduct of those services admittedly is. The population of a mental hospital, of necessity, includes many unhappy anxious people harassed by real or imaginary worries. A good chaplain may be, and indeed ought to be, the confidant and friend of all the patients. Quite apart from the comfort which many derive from his more directly spiritual ministrations, a chaplain who can spend time in the wards and who has the tact and sympathy needed to encourage the patients to confide in him is doing work of therapeutic as well as spiritual value. The work calls for special qualities and, if it is well done, it is exacting and not every man can continue to do it year after year. For this reason we wish that good work in mental hospitals could receive more recognition in the selection of men for preferment. Those who accept institutional appointments ought not to be regarded as permanently side-tracked. There are no doubt some few men who find the psychological interest of mental hospital work so absorbing that they can spend their lives in it without losing their freshness and zeal. But such men will always be rare and, although we recognize the value of experience, we believe that for the majority it would be better to treat mental hospital appointments as tasks which should entitle the holder to relief and transfer to some other duties at the end of a reasonable term.

Unhappily many Visiting Committees fail to appreciate the importance of the chaplain's post, and they tend more and more to arrange with the nearest incumbent to undertake the necessary services in return for a stipend which barely represents the cost of an additional curate. Either the work is done in a more or less perfunctory fashion by an already busy incumbent, or in effect it is farmed out to an extra curate. The responsibility for

this most unsatisfactory position rests primarily with the Visiting Committee, but we venture to suggest that it is shared at least to some extent by the Bishop whose licence is required before any chaplain can be appointed. It is within the competence of the Bishop to consider not only the suitability of the candidate proposed for appointment, but also whether the remuneration offered and the other conditions attaching to the appointment are such as to promise that the duties of the office will be adequately discharged.

It is often said that a whole-time chaplain has not enough to do, but the keen chaplain will find that there is an abundant outlet for his energies, not only in spiritual and social work but also, in hospitals where there are young patients, in educational work. In the recreational side of hospital life a good chaplain, especially if he is also a musician, can be a great help. In a word, the value of a chaplain is not to be measured by the sermons which he preaches, but by the happiness he brings into the lives of the patients.

#### *Occupation Therapy.*

Occupation therapy continues to develop in many mental hospitals. If we pick out Upton and Parkside in Cheshire and Clifton in the North Riding for special commendation, it must not be thought that these are the only hospitals in which really good work in this direction is being done. But there is still in some quarters a good deal of misunderstanding as to the real object of occupation therapy. There are critics who disparage it on the ground that it does not appear to increase the recovery rate. That occupation carefully chosen and controlled is a valuable method of treatment in certain cases could be proved by many examples, if proof were needed. The criticism, however, is misconceived, because occupation therapy is not designed solely as a method of treatment in early and continuing cases, but also as a means of employing the so-called "unemployables" and in this way lessening turbulence and destructiveness. By eliminating the violence and destructiveness of over-active patients and dispelling the apathy of the "shut in" and indifferent, the whole atmosphere of the hospital is transformed. This is not mere theorizing; it is proved by the experience not only of pioneer hospitals like Gütersloh and Santpoort, but equally of English hospitals such as Upton, Clifton and Exminster.

Since the main problem is to occupy the patients who have hitherto been left unemployed, it is not enough to train a certain number of the nurses in the simpler crafts, useful and indeed necessary as that is. Variety of occupation is essential, since what interests one patient may make no appeal to another. But to attain any real measure of success there must be under medical direction an occupation therapist in general charge who has made a special study of the methods of approach to the unemployables and who has acquired some knowledge of the working

of the disordered mind. There are some who deprecate the introduction of new specialist workers, but experience is proving the impossibility of organizing large-scale occupation therapy without specialized direction. It has to be remembered too that the standard of work is not unimportant. It is an achievement to succeed in finding any work to occupy patients hitherto unemployed. But when a score or so of such patients have been persuaded to perform some simple task, such as knotting floor cloths, there will be found among them some who can gradually be led on to some other and less monotonous employment. The occupation therapist needs to be constantly on the look-out for the patient who can be transferred to some more interesting task. Some are so far deteriorated that they will never get beyond the first standard stage, but others can and ought to be gradually advanced.

The question is sometimes put to us whether the nurses who learn some simple craft in order to teach the patients ought to receive some special allowance. We are not convinced that there is any need for extra pay. If the nurses are properly approached they will realize that craft teaching adds to the interest of their work and, at the same time, lessens the strain of it by making the patients easier to handle. Where a nurse possesses or takes the trouble to acquire a more than average knowledge of one of the more difficult crafts, she may secure a post as technician or craftworker. It is also open to nurses to undergo training and to qualify as occupation therapists. Craft work of the simpler kinds should be regarded, and we hope will soon come to be regarded, as part of a nurse's normal duties. To give extra pay for it seems to us to approach the matter from a wrong angle and to invest with a special character what should be a matter of normal routine. Some nurses, of course, will never learn any craft, just as some men will never learn to drive a nail in straight. But the majority can, and they will find their work far more interesting if they do.

#### *Recreations.*

During the year we made enquiry into the arrangements for games and recreation in mental hospitals. The replies to the questionnaire indicated that the great majority of hospitals have a programme systematically covering the whole year and providing for a good number of entertainments, especially in the winter months. Inevitably the number of entertainments provided by visitors from outside tends to vary with the accessibility of the hospital, and, in the case of those hospitals situated in the neighbourhood of a big town, the entertainments are, generally speaking, as varied and numerous as can reasonably be expected. There are still, unfortunately, a number of hospitals not yet fitted with "talkie" apparatus, and, as the supply of silent films is becoming more and more restricted, we hope that Visiting Committees, which have not already done so, will take steps as

early as practicable to provide "talkie" apparatus, the cost of which is now considerably less than it was a few years ago. The cinema is undoubtedly the most popular of all entertainments; it gives the patients something to look forward to and so tends to break the monotony of institutional life, and nothing has done so much in recent years to brighten the lives of mental hospital patients.

As regards outdoor recreation, the position is less satisfactory. Practically all hospitals maintain football and cricket teams, and there is no doubt that many patients enjoy watching the matches. But few patients themselves take part, and, as the cricket and football grounds are generally reserved for the hospital teams, they are of little value to the patients except as a weekly or fortnightly spectacle. We think that much more might be done to provide outdoor amusements for the younger patients. Some of them are capable of playing in an organized team, and many would enjoy and would benefit by opportunities to kick a football about or to have an occasional innings at the nets. Many patients, both male and female, who are incapable of taking any part in organized games would benefit by drill and simple gymnastic exercises. The value of drill has been proved beyond question wherever it has been seriously tried, and it has the advantage that in winter or bad weather it can be carried on in the recreation hall. At the risk of repeating what we have said in previous Reports, we wish to emphasize the value of dancing and simple drill to music, more particularly for the benefit of the introverted and other difficult patients. It has the great advantage that it can be started without expense, although as the classes develop the provision of a simple costume, such as can be produced in the sewing rooms, is distinctly beneficial, and we are convinced that those who have not tried the experiment will be surprised to find how many patients of the type ordinarily regarded as unemployable can, in fact, be induced to take part.

We are glad to note that scouting and guiding continue to grow in popularity in mental deficiency colonies. There are now 56 certified institutions with Guides and 35 with Scout troops. This movement is of the greatest value because it gives mental defectives what they sorely need—recreation, discipline and self-respect. This development of scouting owes much to the late Sir Montagu Burrows who was mainly responsible for adapting the rules and the tests to meet the special needs of the crippled in mind or body. We desire to record our indebtedness to his kindly help and wise counsel.

#### *Ward Gardens.*

The improvement of ward gardens deserves more attention than it sometimes receives. Often they are too small and surrounded by grim and provocative railings. A high iron fence is at the same time a challenge and a reminder of captivity. There

are some patients whose tendency to escape compels the use of unclimbable barriers, but in the case of many ward gardens a stiff hedge is quite sufficient and even where railings are necessary they can often be masked by shrubs. The limited area of many ward gardens leads to overcrowding, and the habit of herding together in one garden patients of different types in order to save staff only makes proper care and nursing more difficult. We gladly recognize that there are many hospitals to which this criticism does not apply ; but there are still some where the term ward garden is merely ironical and the patients are penned into exercise yards planned years ago. In designing admission hospitals it is particularly important to avoid any suggestion of confinement, and we are glad to note that the gardens of these units are now designed on more liberal lines.

#### *Hairdressing Facilities.*

We note with pleasure that at Severalls Mental Hospital it is proposed to provide a new hairdressing room for the female patients. This is an experiment which has been tried with success in the United States, and we are convinced that it could be adopted with advantage in the larger mental hospitals in this country. One of the first objects of treatment is to restore the patient's self-respect, and few things are more fatal to a woman's self-confidence than the consciousness that her hair is ragged and untidy. For the improving patient in particular, a good hair cut and shampoo have a real tonic value, particularly in the case of the younger women who are accustomed to short hair and to a higher standard of hairdressing than their mothers expected. At the same time the American experience suggests that the value of decent hairdressing is by no means limited to improving or convalescent patients.

#### *Dress.*

Great progress has been made in recent years in improving the dress of female patients, and there is a growing realization of the importance of encouraging them to take an interest in their appearance. No doubt there are still some who regard attention to these details as mere fussiness, "pampering the patients." Those who have tried know the psychological value of encouraging women patients to take a proper and natural pride in their appearance. It is a big step towards normality, for the woman who is content to wear her hair untrimmed and a frock like a sack is certainly not normal.

#### *Mental Deficiency.*

Steady progress continues to be made on the mental deficiency side and during the year 2,026 additional beds were provided by local authorities in certified institutions. This is slightly below the figure for the previous year, but the total number of beds

becoming available in any given year is to some extent a matter of accident, and it is encouraging to be able to report that several big schemes are well under way, including the Surrey colony at Botley's Park. Other schemes are in course of development, and there are now comparatively few counties in England which have not made at least a beginning with the provision of institutional beds for their defectives. During the last four years the Board, in view of the financial situation, have put no pressure on local authorities, and it is remarkable that the rate of progress has been so well maintained. The steadiness of the advance means that local authorities have come to realize that it is as much a social obligation to provide accommodation for defectives who are unfit to be left at large as it is to provide for the blind or the tuberculous. There can, however, be little doubt that the transfer of public assistance institutions to the county and county borough councils has materially contributed to the growing realization of the cost of neglecting mental defect. So long as the failure of the local mental deficiency authorities to provide accommodation left the responsibility to the guardians, the cost was merged in the main body of poor law expenditure, and it was easy to overlook the fact that mental defect is a burden which the community cannot escape, however the cost may vary in its distribution between different sets of local authorities. But when the responsibility for all forms of institutional provision was vested in the same authorities, the review of accommodation necessitated by the Local Government Act of 1929 brought home to local authorities the extent to which the existing poor law expenditure was traceable to defectives, and, at the same time, showed that to deal with mental defect through the machinery of the poor law did not make either for efficiency or economy.

We regret that the position in Wales, particularly in North Wales, is still far from satisfactory. Except in Glamorgan there is at present little prospect of improvement. We recognize, however, that in many parts of Wales the sparsity of the population makes the problem peculiarly difficult. Indeed, in the more thinly populated counties, both in England and Wales, the position cannot be expected to show any material improvement until agriculture, on which they mainly depend, is in a more stable and prosperous condition.

A matter which gives us much uneasiness is the position in regard to the notification of defective children by local education authorities. A local mental deficiency authority has no power to deal with children between the ages of seven and sixteen unless they have been notified by the local education authority. The latter authority in its turn can only notify ineducable children and feeble-minded children who are leaving special schools or classes, except where a child could not be taught in a special school without detriment to the other children or the

Board of Education certify that there are "special circumstances," exceptions which obviously can only apply to a limited class. When the Mental Deficiency Act, 1913, was drafted it was assumed that children of sub-normal mentality, who were not so low grade as to be ascertainable before the age of seven, or excluded from school as ineducable, would ordinarily be sent to special schools. But for financial and other reasons special schools have not developed as was anticipated in 1913. Indeed, in rural areas and in small towns special schools are now recognized to be impracticable; and even in the larger towns there is sometimes a tendency to merge the feeble-minded and the educational defective with the backward children for educational purposes without certification. This change of educational policy is in accordance with the recommendations of the Wood Committee and we are far from wishing to criticize it. But, until amending legislation can be obtained, it clearly restricts in the most unfortunate way the power of local education authorities to notify mentally defective children.

The practical result of the present position is that large numbers of defective children, who have been retained in ordinary public elementary schools, cannot be notified when they leave at the ordinary leaving age, although their mental defectiveness is well known to their teachers and to the school medical officers. The local mental deficiency authority can do nothing till these children reach the age of sixteen and then only if they are "subject to be dealt with" under one of the other provisions of the Act. If the reduction in the number of notifications by the local education authorities reflected any diminution in the incidence of mental defect it would be most encouraging. Unfortunately, however, there is no evidence of any such diminution; on the contrary there is some indication of an actual increase. What is really happening is that feeble-minded children are being left at a most critical period in their lives without the supervision and control which the Legislature intended to give them. Even when they emerge from limbo at the age of sixteen nothing can be done for them by the local mental deficiency authority unless they are neglected or unless their anti-social behaviour brings them into conflict with the law. Sooner or later those who are unfit for community life will find their way into institutions after the opportunity for continuous care and training has been lost, and many will have hardened into delinquent and anti-social ways. The much larger number who, with proper supervision, ought not to need institutional care will in many cases have got into trouble for want of a helping hand, and some will have so deteriorated that they can no longer be left at large. Legislation will be needed to fill this gap, and the need for filling it is becoming more and more generally recognized.

The small number of notifications from local education authorities may also be partly because they do not fully realize

the need of adult defectives for community care and because, in many areas, mental deficiency authorities have not yet made provision for the care and training of defectives outside institutions.

Other causes, however, have contributed to the falling off in notifications, particularly the reluctance of some education authorities to take a step which in their view stamps the notified child as being in a class apart. This, in our view, is a wrong attitude to adopt. There is no sharp line dividing the feeble-minded from the dull and backward ; one shades into the other and high-grade mental defect is only the lower end of the curve of intelligence. However civilized the race becomes there will always be a lower end to the curve. The more complicated the social fabric becomes the greater the need of the defective to have a place found in it for him. The tendency to think that defectives can only be properly looked after in an institution is due to the frequency with which they are found to be neglected at present. But segregation, except for purposes of training, should be a last resort, only to be justified on the grounds of social incompetence or anti-social proclivities. There is all the difference in the world between a defective left to fend for himself, unprotected and with his weaknesses unrecognized, and one who is given the special training, protection and control which enable him to meet social requirements. The double responsibility falls upon the local authority of seeing that every defective in the community has the training and occupation he needs and of showing the public how to protect mental defectives as they would do cripples or blind. The defective must be fitted for his environment and the environment adapted to the defective. The task is not an easy one and requires skilled and experienced workers to carry it out ; otherwise it fails. But the expenditure which must be faced by the local authority is worth while economically and socially.

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During the year the Board lost the services of Dr. S. E. Gill, who retired at the end of August in order to take up the appointment of Medical Director of the Guardianship Society. Dr. Gill entered the service of the Board in 1914 as an Inspector, and, between 1915 and 1922, he also acted as the Medical Superintendent of Farmfield, which during that period was utilized as a state institution for violent and dangerous defectives. On the passing of the Mental Treatment Act of 1930 he was promoted to be a Commissioner. By his long experience of mental deficiency work in all its aspects, Dr. Gill is well fitted to undertake the administrative control of the Guardianship Society, which under his guidance should still further develop its activities. We wish Dr. Gill many years of happy and useful work in his new post. The vacancy caused by Dr. Gill's retirement has been filled by the appointment of Dr. G. W. Mackay, Medical Officer of the Somerset Mental Deficiency Committee and Superintendent of Sandhill Park.

## I.—MENTAL DISORDERS.

(Lunacy and Mental Treatment Acts, 1890 to 1930.)

## NUMBERS UNDER CARE.

On 1st January, 1935, the total number of persons suffering from mental disorder notified as under care in England and Wales was 152,089, an increase of 1,823 during the preceding year ; the average annual increase for the five years ending 1st January, 1935, being 1,736. It is desirable again to draw attention to the facts that numbers relating to voluntary and temporary patients are now included throughout this section of the Report ; and that, for the purpose of comparison, the numbers for the years prior to the operation of the Mental Treatment Act, 1930, have been corrected by the inclusion of voluntary cases, which until then had not been included.

The percentage distribution of the sexes—males 44·2, females 55·8—is the same as a year ago, while the average for the preceding decade was—males 44·0, females 56·0.

‡ The increased number of notified patients has no necessary connexion with the incidence of mental disorders in the general population, being merely the increase shown by the excess of the admissions over the combined deaths and discharges. We emphasize this fact on account of the erroneous deductions that are sometimes drawn from such increases.

## CLASS, STATUS AND DISTRIBUTION.

*Class.*

*Private* patients on 1st January, 1935, numbered 15,052 (males 8,350, females 6,702). There were increases of 201 and 20 in the voluntary and temporary cases respectively, with a decrease of 164 in the certified cases, yielding a net increase of 57 in this class. Included here are 4,870 Service and ex-Service patients—48 fewer than a year ago.

Patients in the Naval and Military Hospitals (Yarmouth 211, Netley 37) are also included among the private patients, as are the 28 persons found of unsound mind by inquisition who were resident in institutions. There were in addition 74 persons (males 40, females 34) so found by inquisition who, not being resident in institutions, are not notified to us and so do not fall within the scope of our statistics. The total number of these inquisition cases continues to show a steady decrease year by year, due to the less frequent use of this procedure.

The sex distribution per cent. of the private patients was, males 55·5, females 44·5 ; but if the service and ex-service patients are excluded, as is advisable if it is desired to draw conclusions

from such figures, the percentages become, males 34·2, females 65·8.

*Rate-aided* patients on 1st January, 1935, numbered 136,160 (males 58,347, females 77,813) or 89·5 per cent. of all the notified patients. They increased by 1,778 during 1934, as compared with an average annual increase of 1,821 during the last five years. There were increases of 863 in the voluntary, 97 in the temporary, and 818 in the certified patients.

The sex distribution per cent. of the rate-aided patients was, males 42·8, females 57·2; or, if the Service and ex-Service are included, males 45·1, females 54·9.

*Criminal* patients on the same date numbered 877 (males 662, females 215), a decrease of 12 during the year.

*Transfers from Class to Class.*—During 1934, 621 rate-aided patients (males 301, females 320) were transferred to the private class; 203 private patients (60 males, and 143 females) were transferred to the rate-aided class; and 70 criminal patients were retained and classed as rate-aided patients on the expiry of their sentences or on their discharge as criminals.

### *Status.*

On the 1st January, 1935, at the end of the fourth year of the operation of the Mental Treatment Act, 1930, the following patients of each status were under care :—

Status.	Males.	Females.	Total.
Voluntary ... ..	1,922	2,336	4,258
Temporary ... ..	92	251	343
Certified ... ..	65,345	82,143	147,488

*Regradings to another Status.*—During the year, 909 changes in status within the institutions took place as follows :—

From—	To Voluntary.	To Temporary.	To Certified.
Voluntary ... ..	—	39	242
Temporary ... ..	185	—	97
Certified ... ..	328	18	—

### *Distribution.*

The distribution of all patients on the 1st January, 1935, can be seen by reference to the two Summaries (A and B) on pages 14 and 15, but it may be pointed out that nearly 83 per cent. of them were resident in County and Borough Mental Hospitals.



SUMMARY OF PERSONS SUFFERING FROM MENTAL DISORDER, 1ST JANUARY, 1935.

B.—CLASSIFIED ACCORDING TO STATUS.

WHERE MAINTAINED on 1st January, 1935.	VOLUNTARY.			TEMPORARY.			CERTIFIED.			TOTAL.	
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.
In Institutions provided by Local Authorities :—											
County and Borough Mental Hospitals	1,431	1,509	2,940	77	197	274	54,559	68,329	122,888	56,067	70,035
Other Premises ...	85	131	216	—	—	—	—	—	—	85	131
In Registered Hospitals ...	227	317	544	10	26	36	737	1,144	1,881	974	1,487
In Licensed Houses :—											
Metropolitan ...	78	129	207	4	11	15	325	617	942	407	757
Provincial ...	90	188	278	1	14	15	589	827	1,416	680	1,029
In Hospitals and Nursing Homes approved under the Mental Treatment Act :—											
Hospitals ...	—	—	—	—	—	—	—	—	—	—	—
Nursing Homes ...	10	53	63	—	1	1	—	—	—	10	54
In Naval and Military Hospitals ...	—	—	—	—	—	—	248	—	248	248	—
In Criminal Lunatic Asylum (Broadmoor)	—	—	—	—	—	—	613	195	808	613	195
In Public Assistance Institutions and Municipal General Hospitals ...	—	—	—	—	—	—	6,640	8,304	14,944	6,640	8,304
In Private Single-Care ...	1	9	10	—	2	2	73	245	318	74	256
In Outdoor Relief ...	These persons are not classifiable under the above headings, but for convenience are included among the Certified.						1,561	2,482	4,043	1,561	2,482
TOTAL	1,922	2,336	4,258	92	251	343	65,345	82,143	147,488	67,359	84,730
OF TOTAL { Private ...	592	958	1,550	32	98	130	7,726	5,646	13,372	8,350	6,702
Rate-aided ...	1,330	1,378	2,708	60	153	213	56,957	76,282	133,239	58,347	77,813
Criminal ...	—	—	—	—	—	—	662	215	877	662	215

## MOVEMENT OF PATIENTS.

*Admissions, Discharges, Transfers to other Care, and Deaths in 1934.*—Owing to the absence of detailed information of the movement of the persons suffering from mental disorder in Public Assistance Institutions and Municipal General Hospitals, and of those in receipt of Outdoor Relief, particulars as to the persons in these forms of care are not included below ; and it is for this reason that the total number under care (p. 12) differs from the number remaining at the end of the year as given below.

The subjoined statement includes patients of each status (voluntary, temporary and certified) :—

Resident on 1st January, 1934	...	...	...	130,968
Direct Admissions	...	...	...	26,819
Indirect Admissions (excluding regradings)	...	...	...	2,765
				<hr/> 160,552 <hr/>
Discharged and Departed—				
Recovered	...	...	...	8,622
Relieved	...	...	...	5,734
Not Improved	...	...	...	1,407
*By operation of law	...	...	...	198
“ Not now Insane ”	...	...	...	22
Transferred (under order) to other care	...	...	...	2,686
Died	...	...	...	8,781
Remained at end of year	...	...	...	133,102
				<hr/> 160,552 <hr/>

*The daily average number resident* was 131,534 (males 58,569, females 72,965)—the proportion of those resident in County and Borough Mental Hospitals being 94·7 per cent.

*Direct admissions* were 26,819 (males 11,696, females 15,123) of whom 87·2 per cent. were admitted to County and Borough Mental Hospitals. The proportion per cent. of these admissions in each status was—voluntary, 23·6 ; temporary, 3·2 ; and certified, 73·2.

The ratio of admissions per 10,000 of the population (aged 16 years and upwards) of England and Wales was 8·82 (males 8·16, females 9·40) and shows a decrease of 0·35 on the previous year.

*First admissions* during 1934 numbered 20,725 (males 9,261, females 11,464) or 77·3 per cent. of all the direct admissions. Of these first admissions 4,712 (22·7 per cent.) were voluntary

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\* Either by reason of irregular admission documents, lapsing of reception orders (s. 38, Lunacy Act, 1890, and s.7, Lunacy Act, 1891), or discharges after escape (s. 85, Lunacy Act, 1890).

patients, 776 (3·8 per cent.) were temporary, and 15,237 (73·5 per cent.) were certified.

*Discharges and Departures*—that is, certified and temporary patients discharged, and voluntary patients who departed, from statutory care (as recovered, relieved or not improved), numbered 15,763 (males 6,662, females 9,101). Of these, 8,622 were discharged as recovered, yielding a recovery rate per cent., calculated on the direct admissions, of 32·1 (30·6 for males, 33·3 for females). The discharges as relieved and not improved numbered respectively 5,734 and 1,407; and if these and the 22 discharged on admission as not now insane and the 127 cases discharged after escape (section 85) are added to the recoveries, it shows that the total absolute discharges and departures during the year were 59·3 per cent. of the direct admissions. The percentage distribution of these absolute discharges and departures was—certified, 65·6; temporary, 2·2; voluntary, 32·2.

*Deaths* numbered 8,781 (males 4,101, females 4,680) and were 627 less than in the previous year. The death-rate (6·68 per cent. of the daily average number resident) was 0·57 below the rate for 1933, and was the lowest we have ever recorded, being 0·03 below the previous lowest (1930). The rate for males was 7·00 per cent.; and for females 6·41.

*Transfers to Other Care, etc.*—During the year 2,765 patients were transferred to another institution or to or from single-care, or were (in a few instances) indirect admissions following discharge by operation of law. Such cases, as well as the regradings detailed on page 13, are technically termed *indirect* admissions and call for no further comment.

*Numbers remaining under Care.*—The number of patients remaining under care (with the exception of those in Public Assistance Institutions and Municipal General Hospitals and those in receipt of Outdoor Relief) on the 1st January, 1935, was 133,102 (males 59,158, females 73,944), an increase of 2,134 patients during the year.

## COUNTY AND BOROUGH MENTAL HOSPITALS.

(One hundred in number.)

### 1. Accommodation.

On the 1st January, 1935, accommodation in recognized bed-space was provided in County and Borough Mental Hospitals for 124,162 patients (males 55,390, females 68,772), and there were on the books of these hospitals 664 males and 1,276 females in excess of this provision.

A list of these hospitals will be found in Appendix A in Part II.

The deficiency of accommodation disclosed by the foregoing figures is discussed in the Introduction to this Report (see page 1),

but it may be mentioned here that during 1934, we approved plans of proposals which are estimated to provide 1,177 additional beds. Details of these proposals are set out below.

Mental Hospital.	Proposal.	No. of Beds to be provided or rendered available for Patients.
Berks ... ..	Block for parole and other patients ...	100
Denbigh ... ..	Adaptation of Pool Park Hall ...	76
Devon ... ..	Conversion of " Springfield " ... ..	22
Essex :		
Brentwood ... ..	Temporary building for 45 patients ...	45
Hereford ... ..	Adaptation of Holme Lacy (for 87 private patients).	111
London C. :		
Colney Hatch	Nurses' home ... ..	89
Ewell ... ..	Admission hospital, convalescent home and sick hospital.	144
Middlesex :		
Springfield ... ..	Two blocks of single rooms at admission hospital.	14
Northampton C.	Nurses' home ... ..	25
Northumberland	Conversion of isolation hospital for use by female patients.	34
Birmingham :		
Winson Green	Adaptation of Lodge Road Fever Hospital (completion of scheme).	31
Bristol ... ..	Nucleus of new mental hospital at Barrow Gurney.	287
	Temporary use of premises at Snowdon Road.	51
Newcastle-upon-Tyne.	Adaptation of male nurses' bedrooms for use by patients.	12
Norwich City ... ..	Admission hospital ... ..	60
Sunderland ... ..	Parole villa and two convalescent homes.	76

## 2. *Numbers under Care.*

On the 1st January, 1935, the County and Borough Mental Hospitals contained 126,102 patients, as follows :—

Status.	Males.	Females.	Total.
Voluntary ... ..	1,431	1,509	2,940
Temporary ... ..	77	197	274
Certified ... ..	54,559	68,329	122,888
Total ... ..	56,067	70,035	126,102

As compared with 1st January, 1934, this shows an increase of 925 voluntary, 112 temporary and 1,088 certified patients.

The number of patients in each class was—private, 9,107 ; rate-aided, 116,925 ; criminal, 70.

### 3. Movement of Patients.

*Direct Admissions.*—During 1934 there were 23,397 direct admissions as shown below :—

Status.					Males.	Females.	Total.
Voluntary	...	...	...	...	1,818	2,260	4,078
Temporary	...	...	...	...	219	478	697
Certified	...	...	...	...	8,219	10,403	18,622
Total	...	...	...	...	10,256	13,141	23,397

As compared with the direct admissions in 1933, there was an increase of 1,117 in the voluntary admissions and of 300 in the temporary, while there was a decrease of 513 in those of the certified status, resulting in a net total increase of 904 in the direct admissions.

*First Attack Cases.*—Particulars of these admissions during 1934 are not yet available, but it may be stated that, of the direct admissions in 1934, over 23 per cent. (voluntary 29 per cent., temporary 10 per cent., and certified 23 per cent.) had previously been dealt with under the Lunacy and Mental Treatment Acts.

*Departures and Discharges.*—The following were the absolute departures and discharges during 1934 :—

At time of discharge.		Males.	Females.	Total.	
Status.	Mental Condition.				
Voluntary	{ Recovered ...	642	881	1,523	3,183 (24·5%)
	{ Relieved ...	517	646	1,163	
	{ Not Improved	223	274	497	
Temporary	{ Recovered ...	43	107	150	260 (2·0%)
	{ Relieved ...	23	58	81	
	{ Not Improved	7	22	29	
Certified	{ Recovered ...	2,407	3,471	5,878	9,548 (73·5%)
	{ Relieved ...	1,330	1,804	3,134	
	{ Not Improved	253	283	536	
	Total ...	5,445	7,546	12,991	

The percentage of total discharges (recovered, relieved, and not improved) to the admissions was 55·5 and of recoveries alone was 32·3 (males 30·1, females 33·9).

*Deaths.*—During the year, 8,233 patients (3,874 males and 4,359 females) died.

The proportion per cent. of deaths to the daily average number of patients resident was 6·61 (males 6·98 and females 6·31). This was 0·59 below that of the previous year, 0·05 below the lowest rate previously recorded (1930), and 0·81 below the mean percentage for the preceding ten years.

The number of post-mortem examinations was 5,350, being 65·0 per cent. of the deaths. The proportion of these examinations varied from 100 per cent. at Cumberland Mental Hospital and 90 per cent. or over at the Brentwood, Severalls, Napsbury, Nottingham County, Cheddleton, Wakefield, Wadsley, Derby Borough, Leicester City, and Norwich City Mental Hospitals to less than 30 per cent. at the Park Prewett, Northumberland, and Portsmouth Mental Hospitals.

*Service Patients.*—On the 1st January, 1935, the number of Service patients resident in County and Borough Mental Hospitals was 4,261, a decrease of 38 during the year. On the same date there were also 370 ex-Service patients (8 less than a year previously), the cost of whose maintenance is defrayed by the Board from a special Exchequer grant (*see* 11th Report, page 31).

#### 4. *Use of Voluntary and Temporary Treatment.*

County and Borough Mental Hospitals accommodate some 83 per cent. of all mental patients notified as under care and receive 87 per cent. of admissions into the various forms of care. It is important, therefore, again to take note of the extent to which these hospitals make use of the procedures for voluntary and temporary treatment and thereby avoid resort to certification.

As to the use of *voluntary treatment*—of the 23,397 direct admissions to these institutions, 17·4 per cent. were received as voluntary patients, the previous year's percentage being 13·1. During 1934 there were only two hospitals (*viz.*, Carmarthen and Rauceby) at which this procedure was not employed: neither of them, in fact, has yet received either a voluntary or a temporary patient. This reduction to two is a distinct improvement upon the three preceding years during which the corresponding numbers were 5, 14 and 17 respectively. Further evidence of improvement, which can be seen from the subjoined table, is that voluntary admissions failed to reach 5 per cent. of the total direct admissions in only four hospitals compared with 14 during the previous year.

*Proportion of voluntary admissions to total direct admissions.*

Percentages.	Hospitals.
Under 5	Durham, Lancaster, Winwick, Northumberland. (4 hospitals.)
5—9	Beds, Berks, Brecon, Cambridge, Cumberland, Den- bigh, Rainhill, Prestwich, Whittingham, Cane Hill, Colney Hatch, Hanwell, Long-Grove, Napsbury, Monmouth, Northampton, Salop, Barnsley Hall, Middlesbrough. (19 hospitals.)
10-14	Chester, Parkside, Brentwood, Glamorgan, Brace- bridge, Banstead, Bexley, Claybury, Horton, West Park, Wells, Stafford, Burntwood, Suffolk, Netherne, Wilts, Powick, Wadsley, Storthes Hall, Winson Green, Gateshead, Newcastle, Norwich, Plymouth, West Ham, York City. (26 hospitals.)
15-24	Bucks, Cornwall, Derby County, Dorset, Severalls, Park Prewett, Herts, Barming Heath, Chartham, Norfolk, Notts County, Oxford, Cotford, Cheddleton, Brookwood, Warwick, Menston, East Riding, Rubery Hill, Bristol, Canterbury, Croydon, Derby Borough, Exeter, Hull, Newport, Nottingham City, Leicester and Rutland. (28 hospitals.)
25-34	Devon, Gloucester, Knowle, Springfield, Shenley, Wakefield, Brighton, Leicester City, West Sussex. (9 hospitals.)
35-44	East Sussex, North Riding, Hereford, Isle of Wight.
45 and upwards	Sunderland (47), Ipswich (49), Cardiff (50), Ports- mouth (67), Swansea (68).

If this table and the corresponding table for 1933 are scrutinized together, it is satisfactory to find that most of the changes in the several groups are due to hospitals moving up to a group with a higher percentage: instances of the converse are few. It is of special interest and encouragement to notice that, whereas in 1933 the highest percentage was 55 and that its distance from those below caused it to stand out somewhat conspicuously, last year's returns show five hospitals at which the proportion of voluntary admissions was 45 per cent. and upwards: namely, Sunderland (47), Ipswich (49), Cardiff (50), Portsmouth (67) and Swansea (68). The last two are remarkable attainments and perhaps may prove to be exceptional; but they provide an indication of what can be done where good out-patient treatment under acceptable local arrangements is associated with enthusiasm and belief in the value of co-operation on the patient's part. It is, however, only fair to add that at certain hospitals where, despite the concurrence of these factors, the

proportion of voluntary admissions is low, this may be due to the fact that special effort is made to complete the whole of the treatment in the general hospital's out-patient centre. Mention again should be made of the high percentages at Ewell (79), Scalebor Park (59), and the City of London (61); these are not included in the series because of the special conditions which obtain at these three hospitals and which would make comparison with the others fallacious.

As regards *temporary treatment*—despite its great value in avoiding resort to certification, there were last year still as many as 22 hospitals to which no temporary patient was admitted; and, in 8 of these no use has been made of this procedure during any of the four years during which the Mental Treatment Act has been in operation. Moreover, there were nine other hospitals at which use was so occasional as to amount to less than 0·5 per cent. of the admissions. However, some improvement is noted, as can be gathered from the fact that whereas in 1934 the number of hospitals which had received no temporary patients was 22, in 1933 it was 34 and in 1932 it was 40.

*Proportion of temporary admissions to total direct admissions.*

Percentages.	Hospitals.
Nil	Beds, Berks, Carmarthen, Durham, Prestwich, Bracebridge, Rauceby, Colney Hatch, Hanwell, Monmouth, Norfolk, Northampton, Notts County, Cotford, Suffolk, Wilts, East Riding, Canterbury, Croydon, Leicester City, Newcastle, York City. (22 hospitals.)
Less than 0·5	Lancaster, Rainhill, Claybury, Horton, Long Grove, Napsbury, Menston, Storthes Hall, Nottingham City. (9 hospitals.)
0·5–4	Bucks, Cambridge, Chester, Parkside, Cornwall, Derby County, Devon, Dorset, Brentwood, Severalls, Glamorgan, Knowle, Park Prewett, Herts, Barming Heath, Whittingham, Winwick, Leicester and Rutland, Banstead, Bexley, Cane Hill, Ewell, West Park, Springfield, Shenley, Northumberland, Salop, Wells, Stafford, Burntwood, Brookwood, Netherne, East Sussex, Warwick, Powick, Barnsley Hall, Winson Green, Rubery Hill, Brighton, Gateshead, Middlesbrough, Newport, Norwich, Plymouth, Sunderland, West Ham. (46 hospitals.)
5–9	Brecon, Cumberland, Denbigh, Hereford, West Sussex, North Riding, Wakefield, Wadsley, Bristol, Hull, Ipswich, Swansea. (12 hospitals.)
10 and upwards	Chartham (10), Exeter (10), Cardiff (11), Portsmouth (11), Gloucester (12), Cheddleton (12), City of London (13), Oxford (14), Scalebor Park (18), Isle of Wight (20), Derby Borough (39). (11 hospitals.)

Although in at least 80 per cent. of these hospitals there is obviously much room for a further extension of the use of Section 5 of the Mental Treatment Act, it is equally clear that the year under review shows a welcome advance in this matter. We noted with satisfaction that temporary treatment formed the subject of discussion at a quarterly meeting of the Royal Medico-Psychological Association last November. With the object of stimulating the use of this procedure in cases for which it was intended and of removing certain misunderstandings which seemed to us a possible hindrance, we decided to issue a Circular (No. 805) upon the matter (*see Appendix*). Reference to the effect of its issue would belong strictly to the period not reached by this Report: we can say, however, that during the current year a definite rise in the proportion of temporary patients is observable.

The value of temporary treatment and of voluntary treatment is, among other things, that it obviates recourse to certification. The hospitals with the lowest percentage of admissions under certificate were: North Riding with 55 per cent., Sunderland (52), Hereford (50), Ipswich (43), Derby Borough (40), Cardiff (39), Isle of Wight (37), down to 24 and 22 at Swansea and Portsmouth respectively. Although their special circumstances preclude inclusion with the others, mention should be made of City of London, Scalebor Park and Ewell with such low percentages as 26, 23 and 20 respectively.

#### 5. *Changes among Medical Superintendents.*

##### *Bucks.*

Dr. Hugh Kerr who had spent the whole of his 42 years of professional life in the service of public mental hospitals—most of these years here and for the last 28 of them as Superintendent—died last November.

A scholarly physician and an administrator of much ability, with his genial but quiet and unhurried manner he inspired ready confidence and carried out his duties with great efficiency. Under his administration a conspicuous feature of this hospital has been its air of general contentment.

The illness of the Deputy Superintendent at the time of Dr. Kerr's death created a position of some difficulty. The Committee were fortunate, however, in persuading Professor Shaw Bolton to step out of his retirement and to take temporary charge of the hospital. Although anticipating facts which do not fall within the period of this Report, it is convenient to mention that, following advertisement of the vacancy, the Committee appointed Dr. J. S. Ian Skottowe (M.D. Glasgow, D.P.M.) who, in January 1932, had been appointed Superintendent of Cefn Coed Hospital, the new mental hospital for Swansea.

*Glamorgan.*

Dr. David Finlay, when he retired at the end of March 1934, had been a member of the medical staff here for the unusually long period of  $48\frac{1}{2}$  years, during the last 27 of which he had been Superintendent. It was some 14 months after he joined the staff that the annex known as Parc Gwylt was opened, adding some 1,000 beds to the institution's accommodation, and naturally, during his long tenure of office many other changes were effected. Perhaps the event which, because of its influence on the treatment facilities of the hospital, is of most importance is the recent provision of an Admission Hospital, a Convalescent Home and a Nurses' Home: in the planning and siting of all of which units Dr. Finlay was associated.

In making the appointment of his successor, the Committee of Visitors, after advertising the post, promoted Dr. David Rhydwyn Owen (B.Sc., M.B. Wales) who for  $7\frac{1}{2}$  years had been a member of the hospital's medical staff.

*County Palatine of Lancashire (Prestwich).*

Dr. David Blair, who for  $8\frac{1}{2}$  years had held the post here of Superintendent, retired last July. Previously he had been for nearly 30 years a member of the medical staff of Lancaster Mental Hospital, during the latter part of which time he had been Deputy Superintendent. He thus had devoted nearly the whole of his 40 years of professional life to the treatment of mental disorders and to the administration of two of the largest of the English mental hospitals, his duties and responsibilities at Prestwich being especially onerous. Possessed of scholarly attainments, professional capacity and sound judgment, he has handled successfully tasks of exceptional difficulty: it was, for instance, during the last three years of his time at Prestwich that the scheme for the complete reorganization of the drainage and sewage disposal was taken in hand. As Lecturer in mental disorders at Manchester University, and in various other ways, Dr. Blair throughout his tenure of office has been a consistent supporter of measures for the advancement of the treatment of mental illness.

To succeed him, and after advertising the post, the Lancashire Mental Hospitals Board appointed Dr. John Gifford (B.A.Cape, M.B.Edin., D.P.M.), who at the time was Deputy Superintendent at Winwick, on the medical staff of which he had been for rather more than 8 years, with nearly 13 years' previous mental hospital experience at Rainhill, Derby County and Wakefield.

*County of London (Long-Grove).*

Dr. David Ogilvy, who had been in ill-health for several months, to our regret died in May last year. He was a dis-

tinguished graduate of Trinity College, Dublin ; and after holding a resident surgical post in that City and another at Dundrum Asylum, he was successively from 1889 onwards a member of the medical staffs at Wakefield, Banstead and Horton Mental Hospitals, being appointed Deputy Superintendent at the last named institution in 1904. It was early in 1912, and to fill the vacancy caused by the appointment of Sir Hubert Bond as a Commissioner in Lunacy, that Dr. Ogilvy was appointed Superintendent of Long-Grove. Thereafter, in a very single-minded manner, he devoted himself to the welfare of his hospital, where with his strong personality, tenacity of purpose and administrative ability his efforts were highly successful.

Among matters in which he took a special and active interest were after-care, occupation therapy and the improvement of the dietary and the recreational and amusement side of his hospital's life. He took a keen interest, too, and gave much assistance in connection with the plans and other arrangements for the Sanatorium opened in 1932 on the women's side of the hospital.

That Dr. Ogilvy was not spared to enjoy, in due course, some well-earned leisure we much regret. His frankness and charm of manner won the confidence of all with whom he came in contact.

To succeed him, the Council promoted Dr. Francis G. L. Barnes (M.B.Lond., M.R.C.S., L.R.C.P., D.P.M.), who, for  $2\frac{1}{2}$  years had been Deputy Superintendent at Horton and who, having held a like position at Ewell and positions on the medical staffs at Colney Hatch and Claybury, had had in all some  $11\frac{1}{2}$  years' mental hospital experience.

### *Somerset and Bath (Cotford).*

Dr. Henry Talbot Sidney Aveline retired in January, 1934 ; but, to our regret, lived only a year in which to enjoy the leisure he had earned after nearly 44 years of institutional life, 37 of which were spent as Superintendent at Cotford Mental Hospital. That hospital was opened in 1897 and Dr. Aveline was appointed in November of the previous year ; so that upon him devolved responsibilities in connection with its equipment and organization. In all this work and in the hospital's subsequent development, he devoted his best energies wholeheartedly to the duties of his post. For 6 years prior to 1911 he was Honorary Secretary of the division of the Royal Medico-Psychological Association in which Cotford is situated.

To fill the vacancy at the Mental Hospital the Committee of Visitors decided to promote their Deputy Superintendent, Dr. William Shepherd Graham (M.B., R.U.I.), who, for  $25\frac{1}{4}$  years, including an interval of war service in the R.A.M.C., had been a member of this hospital's medical staff.

*Surrey (Netherne).*

Dr. Percival Charles Coombes, when he retired last September, had filled the post of Superintendent here for not quite 20 years ; in all, including four years as Deputy Superintendent at Brookwood and an initial period at Berks, his mental hospital service was close upon 29 years. Many important developments of the hospital's resources took place during his superintendentship, notably the addition within the last five years of 400 beds by the provision of a detached sick hospital, two convalescent homes and five villas for parole patients.

Throughout the initiation and planning of these additions Dr. Coombes's advice was available and much appreciated.

To fill the vacancy caused by his retirement, the Surrey Mental Hospitals Committee promoted Dr. Leonard Mortis Webber (M.R.C.S.Eng., L.R.C.P.Lond., D.P.M.) who had been a member of the medical staff here for 24 years, for 16 of which he had held the position of Deputy Superintendent.

*East Sussex.*

Dr. Frederick Ryott P. Taylor, after 41 years of public service in three mental hospitals, Hellingly, Darenth and Claybury, at the first named of which he had been Superintendent for nearly 32 years, retired from that position last October.

When East Sussex decided to build a mental hospital to meet its own needs the opportunity was taken to include in its design a number of detached units, among them a conjoint unit for both sexes intended as an Admission Hospital. Although not the first unit used solely for newly admitted patients, it was, apart from the much larger structures at some of the northern mental hospitals, the first conjoint unit of its kind, and in other particulars too, Hellingly possessed novel features in design. The success with which it was organized and developed was due largely to the ability, medical and administrative, and the matured experience of Dr. Taylor. His interests in the treatment of mental disorder have been wide ; and, in addition to his official duties, he has taken great interest in the advancement of training facilities for mental nursing and in out-patient treatment. In relation to the latter, he was largely instrumental in getting centres established as part of the out-patient department of several voluntary hospitals within the area served by his hospital, to one of which he was an Honorary Physician.

As his successor the Committee promoted Dr. Benjamin Reid (M.D.Glasg., M.R.C.P.E., D.P.M.), the Deputy Superintendent ; to which post, following its advertisement, he had been appointed nine months previously. Dr. Reid had been for nearly ten years before that a member of the medical staff at Whittingham.

*Warwick.*

Dr. A. T. William Forrester who had had 26 years mental hospital experience, the last 10 of which were as Superintendent here, resigned this position in March 1934. Of high professional attainments and general ability, he took an active interest in the scientific and clinical side of the hospital's work ; and, during his comparatively short period of office as Superintendent, he did much to promote improvements in the facilities of the hospital.

He actively interested himself, too, in the out-patient treatment of mental illness and in the establishment of centres for this work in connection with several voluntary hospitals in the County.

A successor to Dr. Forrester has not yet been appointed.

*Wilts.*

Dr. Sydney John Cole, who for nearly 21 years had occupied the post of Superintendent here, retired from his post last September. Including a previous  $12\frac{1}{2}$  years as a member of the Devizes staff and a short period of service at Colney Hatch, Dr. Cole had spent 34 years in the practice and administration of mental hospitals. If the exercise of his scholarly and high professional attainments was more congenial to him than the purely administrative side of his work, his zeal in the latter direction was unflagging ; and his solicitude on behalf of the individual welfare of his patients was conspicuous. It was during his Superintendentship that the Annex was added ; a building of 100 beds for each sex which, begun before the war in 1914, was completed in 1919.

He was a firm believer in the value of the out-patient treatment of mental illness and of the advantages which flow from its being practised in a section of the out-patient department of a general hospital. It was largely upon his initiative that in 1927 several centres for such work were established in Wiltshire, and to two of these voluntary hospitals he was Honorary Neurologist. It is a satisfaction to us to know that his health, which for some time before his retirement had been seriously impaired, is much improved ; we trust he has many years of well-earned leisure before him.

In filling the vacancy thus created the Visiting Committee decided to promote the Deputy Superintendent, Dr. John F. W. Leech (M.D.Dubl., D.P.M.), who had been a member of the Devizes medical staff for close upon 29 years.

## 6. *Causes of Death during 1933.*

The time that elapses between the receipt of the mortality statistics for any given year and the preparation for publication

of our Report for that year is too short to permit of the compilation of a detailed summary and its adequate study. The subjoined table, therefore, refers to the deaths that occurred in County and Borough Mental Hospitals during 1933, the equivalent details relating to the year covered by this Report (1934) being not yet available. Some reference, however, will be made in the section that follows this to the mortality for 1934 in regard to certain diseases, particular reference to which necessitates the production of the latest possible information. This procedure is in accord with that adopted during recent years.

*Causes of Death in the cases of all Patients in County and Borough Mental Hospitals who died during the year 1933. The daily average number of patients resident during the year 1933 was 122,725 (Males, 54,631 ; Females, 68,094).*

Cause of Death. (the numerals refer to the revised (1929) International List of Causes of Death as adapted by the Registrar-General for use in England and Wales.)						Number of Deaths.		
						Males.	Fem.	Total.
1 & 2.	Typhoid and paratyphoid fevers	...				26	25	51
10.	Diphtheria	...	...	...	...	1	—	1
11.	Influenza	...	...	...	...	90	195	285
13.	Dysentery	...	...	...	...	25	24	49
15.	Erysipelas	...	...	...	...	7	14	21
17.	Encephalitis lethargica	...	...			11	8	19
23.	Tuberculosis of the respiratory system					349	286	635
24-32.	Other forms of tuberculosis	...	...			45	34	79
48-53.	Cancer and other malignant tumours					171	257	428
59.	Diabetes	...	...	...	...	15	12	27
62.	Pellagra	...	...	...	...	1	3	4
82.	Cerebral haemorrhage, apoplexy, etc.					208	219	427
83.	General paralysis of the insane	...				543	173	716
84.	Other forms of insanity	...	...			89	123	212
85.	Epilepsy	...	...	...	...	156	102	258
87.	Other diseases of the nervous system					29	41	70
91.	Acute endocarditis	...	...	...		9	20	29
92.	Chronic endocarditis, valvular disease					195	274	469
93.	Diseases of the myocardium	...	...			451	561	1,012
94.	Diseases of the coronary arteries, angina pectoris	...	...	...		32	28	60
95.	Other diseases of the heart	...	...			36	69	105
97.	Arterio-sclerosis	...	...	...		307	334	641
106.	Bronchitis	...	...	...		59	104	163
107-109.	Pneumonia (all forms)	...	...	...		540	716	1,256
119 & 120.	Diarrhoea and Enteritis	...	...			10	18	28
130 & 131.	Nephritis	...	...	...		112	186	298
162.	Old Age	...	...	...	...	236	396	632
	All other diseases	...	...	...		344	430	774
	Violent deaths (including suicide)	...				46	44	90
Total						4,143	4,696	8,839

7. *Infectious diseases during 1934.*

The following table shows the incidence of certain infectious diseases among the patients and staffs of County and Borough Mental Hospitals during the year.

	Patients.			Staff.		
	M.	F.	T.	M.	F.	T
Scarlet Fever ...	18	61	79	—	14	14
Diphtheria ...	8	16	24	—	9	9
Measles ...	3	3	6	—	1	1
Whooping Cough	4	4	8	—	—	—
Chicken Pox ...	—	3	3	—	—	—
Mumps ...	1	3	4	—	4	4
Puerperal :						
Fever ...	—	2	2	—	—	—
Sepsis ...	—	1	1	—	—	—

The deaths from these infectious diseases were : Scarlet fever, one male patient and one female nurse ; diphtheria, two male and two female patients ; puerperal fever, one case ; and puerperal sepsis, one case.

An outbreak of scarlet fever occurred in the first quarter of the year at Bracebridge Mental Hospital on the female side ; 32 patients and 6 nurses were affected. There were no deaths.

*Tuberculosis.*

There were 1,000 pulmonary cases under treatment at the end of the year as well as 190 cases of other forms of tuberculosis. These figures taken together are equivalent to a prevalence in the mental hospitals of 9·4 cases of tuberculosis per thousand patients. On the same date six male and two female members of the hospitals' staffs were under treatment for this disease.

*Incidence.*—The figures relevant to the number and ratio of fresh cases arising during the year are shown in the following table. For purposes of comparison the corresponding particulars for the past decade have been set out.

Year.	Tuberculosis.									
	Daily Average Number of Patients resident.	Incidence. Fresh Cases (all forms).		Deaths.						
				Phthisis.		Other forms.		All forms.		
				No.	Ratio per 1,000 resident.	No.	Ratio per 1,000 resident.	No.	Ratio per 1,000 resident.	
1925*	106,403	1,257	11.8	773	7.3	145	1.4	918	8.6	
1926*	109,113	1,062	9.7	715	6.6	160	1.5	875	8.0	
1927	111,363	1,018	9.1	653	5.9	86	0.8	739	6.6	
1928	113,987	907	8.0	617	5.4	88	0.8	705	6.2	
1929	115,875	985	8.5	725	6.3	78	0.7	803	6.9	
1930	118,039	948	8.0	667	5.7	72	0.6	739	6.3	
1931	120,051	924	7.7	616	5.1	73	0.6	689	5.7	
1932	121,261	1,004	8.3	657	5.4	79	0.7	736	6.1	
1933	122,725	950	7.7	635	5.2	79	0.6	714	5.8	
1934	124,563	820	6.6	553	4.4	59	0.5	612	4.9	

\* Cases where Tuberculosis was returned as a *secondary* cause of death included in the deaths for these years.

*The Enteric Group.*

There were 52 cases (10 males, 42 females) of typhoid and paratyphoid fevers during the year, reported from 30 hospitals. In addition, one male and twelve female nurses were affected and the male nurse and two of the female nurses died.

During the last ten years—in a total of 1,279 patients affected—74·4 per cent. have been women, and the case mortality has been : for men, 32·1 per cent., for women, 24·2 per cent.

Year.	Enteric Fever.									
	Patients.						Staff.			
	Incidence.			Deaths.			Incidence.			Deaths.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M. F.
1925... ..	29	99	128	8	24	32	2	17	19	— 3
1926... ..	31	77	108	10	20	30	1	10	11	— 2
1927... ..	37	100	137	9	19	28	1	6	7	— 1
1928... ..	50	169	219	25	50	75	5	12	17	— 2
1929... ..	16	104	120	6	26	32	—	14	14	— 2
1930... ..	34	72	106	9	19	28	—	—	—	— —
1931... ..	21	89	110	6	14	20	—	—	—	— —
1932... ..	16	83	99	5	20	25	—	10	10	— 1
1933... ..	83	117	200	26	25	51	1	9	10	— 1
1934... ..	10	42	52	1	13	14	1	12	13	1 2

The reduction in the incidence of the enteric group diseases is so great as to raise the hope that the new figure signifies some permanent improvement in the prophylactic measures adopted in mental hospitals. At the moment, however, we can only regard it as a freak figure resulting from unknown factors. There have been no epidemics ; the greatest number of cases occurring in one mental hospital during the year was five.

*Dysentery.*

The figures for the past decade are shown in the table which follows.

Year.	Dysentery.			Severe Diarrhœa.
	Fresh cases.	Incidence rate per 1,000.	Death rate per 1,000.	Fresh cases.
1925 ... ..	253	2·4	0·6	277
1926 ... ..	515	4·7	0·9	276
1927 ... ..	307	2·8	0·4	184
1928 ... ..	403	3·5	0·6	201
1929 ... ..	372	3·2	0·3	193
1930 ... ..	254	2·2	0·2	189
1931 ... ..	423	3·5	0·4	269
1932 ... ..	563	4·6	0·4	220
1933 ... ..	457	3·7	0·4	223
1934 ... ..	450	3·6	0·4	383

The number of cases of dysentery, reported from 46 hospitals, was 450, seven less than during 1933. The death rate remains unchanged.

Detailed reports received by the Board indicate that considerable progress has been made in the search for the causative organisms of this disease.

The laboratory facilities are being increased year by year.

There is some evidence that the wider use of the methods of taking cultures from specimens recently passed or from rectal swabs has resulted in a higher percentage of positive bacteriological findings.

In several mental hospitals as a result of mass investigation in infected wards organisms of the Flexner group have been isolated from the stools of patients who show no clinical signs of intestinal disorder.

### *Erysipelas.*

There have been in all 321 (99 male and 222 female) cases of erysipelas reported from 64 hospitals. There were 32 deaths. The highest incidences were at Storthes Hall 23, Whittingham and Banstead 17 each, Wadsley 15, and Horton 14.

### *Influenza.*

The notifications of this infection were 796, including 3 cases of influenzal pneumonia. There were 49 deaths, a case percentage of 6.2.

### *Pneumonia, etc.*

Non-tuberculous inflammatory diseases of the lungs and bronchi resulted in the deaths of 499 males and 780 females, a total of 1,279, of whom 711 were over the age of 55.

This group constitutes 15.5 per cent. of the deaths from all causes.

## REGISTERED HOSPITALS.

*(Thirteen in number.)*

A list of these hospitals will be found in Appendix A in Part II.

*Patients resident on 1st January, 1935.*

Status.					Males.	Females.	Total.
Voluntary	...	...	...	...	227	317	544
Temporary	...	...	...	...	10	26	36
Certified	...	...	...	...	737	1,144	1,881
Total	...	...	...	...	974	1,487	2,461

A year previously the patients in these hospitals numbered 2,422 (males 977, females 1,475), so that during the year they increased by 39 (males 27, females 12).

*Direct admissions* numbered 938 (males 380, females 558). Of the total number 65·4 per cent. were voluntary patients, 5·9 per cent. were temporary and 28·7 per cent. were certified.

*Departures and Discharges.*—The percentage of total departures and discharges (recovered, relieved and not improved) to the admissions during 1934 was 70·9 and of recoveries alone 33·2 (males 33·7, females 32·8). The percentage distribution of the discharges and departures was—certified, 23·6 ; temporary, 3·3 ; voluntary, 73·1.

*Deaths* in these hospitals numbered 211 and the death rate per cent. of the daily average number of all patients resident was 8·8 (males 8·8, females 8·8).

*Use of Voluntary and Temporary Treatment.*—Of the 938 patients admitted to these hospitals, 65·4 per cent. were received upon a voluntary footing—the average for the quinquennium (1930–4) being 63·6 per cent. At none of them did the proportion of voluntary admissions fail to reach 50 per cent. From this proportion it rose to between 60 and 69 at Cheadle, St. Andrew's, Bootham Park and The Retreat ; to between 70 and 79 at The Lawn, The Warneford and Bethel ; and up to no less than 80 per cent. at Bethlem.

With respect to temporary treatment, 5·9 per cent. of admissions to these hospitals were received as temporary patients ; this proportion being a trifle less than it was for the previous year. At one hospital (where the admissions did not exceed 35), no patient was received for temporary treatment. The highest percentages, 10 and 13 per cent., were at St. Andrew's and Barnwood House respectively.

The extent to which these procedures obviated resort to certification can be observed from the fact that less than 30 per cent. of the total admissions to these hospitals were received under Order. The lowest percentages were at Cheadle and The Lawn (each 29), St. Andrew's (28), Bootham Park (26), Bethel (21), down to 17 at The Warneford and 15 at Bethlem. This constitutes a remarkable record and indicates a service of which the authorities of these hospitals may be justly proud and which should do much to promote early treatment.

#### NAVAL AND MILITARY HOSPITALS.

*Royal Naval Hospital, Great Yarmouth.*—On the 12th October, 1934, when a Commissioner visited this hospital, there were 213 patients on the books all of whom were in residence with the exception of two who were on trial. One of the patients was voluntary, the rest were certified.

During the interval that had elapsed since the last visit the general health of the patients had been very good and with a total absence of enteric fever, dysentery or tuberculosis.

Attention is given to occupation therapy and physical drill and many of the patients expressed their appreciation of what is being done in this direction.

The whole building was very clean, the day rooms were well provided with pictures, flowers and a good supply of books, whilst the dormitories were well ventilated and the beds comfortable.

As many as 70 patients have parole beyond the grounds, 15 have a similar but limited privilege within the bounds of the hospital and all the wards but one are administered on the open-door principle.

A fire escape has been fitted in "H" house, as recommended in the last report on this hospital, the officers' quarters have been nicely redecorated and the kitchen retiled, but in this department the Commissioner suggested the supply of a w.c. and wash-hand basin, and that in the non-watch wards an electric bell push should be fitted for use in case of emergency.

*Royal Military Hospital, Netley.*—The Commissioner who visited "D" block of the Royal Victoria Hospital, Netley, on 11th December, 1934, found 1 officer and 40 other ranks under observation or treatment, which is carried out on up-to-date physical and psychological lines. The quarters were thoroughly clean and in order, the diet scale is a generous one, the standard of the nursing orderlies is high, due attention is given to outdoor exercise and a start has been made in the use of handicrafts as a remedial measure; but the short time during which the patients remain at this hospital limits the scope of this branch of therapy. The services of the Medical Superintendent of the Portsmouth Mental Hospital are available for consultation.

#### STATE CRIMINAL ASYLUM, BROADMOOR.

Two Commissioners visited this institution on 26th October, 1934. They found that since the last visit the general health of the patients had been very good and were able to report in general terms on the satisfactory manner in which the establishment is conducted. They received no complaints as to treatment or surroundings and were glad to observe the number of patients engaged in reading and on the female side in needlework; but the Commissioners were in agreement with their colleagues who visited last year in thinking that more occupational facilities might be provided. They noted the absence of a cinema and a canteen, which are now to be found in so many mental hospitals.

The patients numbered 813—males 613, females 200.

## LICENSED HOUSES.

*(Fifty-one in number.)*

On the 1st January, 1935, there were 19 Metropolitan Houses licensed by us and 32 Provincial Houses licensed by Justices for the reception of patients under the Lunacy and Mental Treatment Acts. As compared with a year ago, the Provincial Houses number two less, the licences having lapsed.

*Patients resident on 1st January, 1935.*

—				Males.	Females.	Total.
Metropolitan Houses :						
Voluntary	...	...	...	78	129	207
Temporary	...	...	...	4	11	15
Certified	...	...	...	325	617	942
Provincial Houses :						
Voluntary	...	...	...	90	188	278
Temporary	...	...	...	1	14	15
Certified	...	...	...	589	827	1,416
Total	...	...	...	1,087	1,786	2,873

The total number of patients resident in these houses showed an increase of 11 (1 male and 10 females) during the year.

*Direct admissions* numbered 1,272 (males 451, females 821).

Of the total number, 57·2 per cent. were voluntary patients, 7·1 per cent. were temporary and 35·7 per cent. were certified.

The percentage of total *departures and discharges* (recovered, relieved and not improved) to the admissions was 72·2, and of recoveries alone 27·0 (males 24·6, females 28·4). The percentage distribution of the discharges and departures was—certified, 30·6 ; temporary, 5·4 ; voluntary, 64·0.

The *deaths* numbered 269, and the death rate per cent. of the daily average of all patients resident was 9·4 (males 9·7, females 9·1).

*Use of voluntary and temporary treatment.*—Of the 1,272 patients admitted to these establishments, 57·2 per cent. were received upon a voluntary footing—the average for the quinquennium (1930–4) being 52·3 per cent. As noted in previous years, the procedure is adopted rather more extensively in the provincial than in the metropolitan houses, the respective percentages of these two groups being 63·0 and 52·3.

Of the direct admissions to the 17 metropolitan and 27 provincial houses approved for the reception of patients under Section 5 of the Mental Treatment Act, 7·1 per cent. were temporary patients in the metropolitan group and 7·3 per cent. in the provincial group :

a small, but welcome, advance on corresponding previous percentages.

The numbers relating to particular establishments in these two groups are mostly small: for instance, in 19 of them the admissions did not exceed 10, so that arrangement of their respective percentages into groups would be misleading. However, it is clear that, while excellent use is made of voluntary treatment, there is room for improvement in the extent to which resort is had to temporary treatment. It is, in any event, gratifying to be able to record that, by wise use of the Mental Treatment Act, certification, as a preliminary to treatment in these establishments, has been reduced to 40 per cent. in the metropolitan group and to 30 per cent. in the provincial group. Such a result may well affect the attitude of the public and ensure greater readiness to seek early treatment.

*Variations in Licences.*—The changes that have taken place in the licences are included in the revised list of these houses which, with their present licensees, may be found in Appendix A, in Part II. Among them may be mentioned:—

*The Elms.*—The licence of this house has been transferred to other premises known as Jamnagar House, Penton Road, Staines.

*Boreatton Park.*—The licence of this house, which was transferred in 1933 to Dr. John Noel Sergeant, lapsed on 3rd August last. This house had been used for the care and treatment of persons suffering from mental disorder for over 50 years, the first licence having been granted in 1881.

*The Pleasaunce.*—The licence of this house lapsed on 27th June, 1934. The premises were first licensed in 1898.

*Plympton House.*—The name of this house has been changed to St. Peter's Convent, Plympton House.

#### SINGLE-CARE.

The following table shows the number of patients who were resident in private single-care under the provisions of the Lunacy and Mental Treatment Acts, but exclusive of cases found of unsound mind by inquisition.

*Patients resident on 1st January, 1935.*

Status.					Males.	Females	Total.
Voluntary	...	...	...	...	1	9	10
Temporary	...	...	...	...	—	2	2
Certified	...	...	...	...	73	245	318
Total	...	...	...	...	74	256	330

The above figures show little change from those of a year ago, and we are able to report, as a result of our visits to these patients

—to some of whom a second visit has been paid—that the arrangements for their care and treatment were generally satisfactory.

CERTIFIED PATIENTS IN PUBLIC ASSISTANCE INSTITUTIONS AND  
MUNICIPAL GENERAL HOSPITALS.\*

The number of patients certified under the Lunacy Acts and detained in Public Assistance Institutions and Municipal General Hospitals on 1st January, 1934, was 14,944 (males 6,640, females 8,304). It should be noted that these figures relate only to persons certified under the Lunacy Acts, and that they by no means represent the total number of mental cases in these institutions.

Notwithstanding the need for further accommodation in County and Borough Mental Hospitals, there has been no increase in the number of Visiting Committees availing themselves of the facilities afforded by Section 26 of the Lunacy Act, 1890, for providing accommodation in Public Assistance Institutions for selected patients.

The regulations prescribed under this section in 1931 in respect of the Alcester Public Assistance Institution have been amended so as to provide for the reception therein of two additional patients of each sex from the Warwickshire Mental Hospital.

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\* The number of mental defectives in these institutions will be found on p. 39.

II.—MENTAL DEFICIENCY.

1. NUMBERS UNDER CARE.

The mentally defective patients under care on 1st January, 1935, numbered 74,691 (males 38,049, females 36,642); the percentage distribution of the sexes being—males 50·9, females 49·1. Included in this total are the cases under statutory supervision, which numbered 33,377 (males 17,731, females 15,646).

A table showing the distribution of the patients under care is given on the following page. It may be mentioned that the proportion of patients under 16 years of age amongst the total of 37,987 patients who were in institutions remains the same as last year, i.e., 17 per cent. (males 21 per cent., females 14 per cent.).

During 1934 there were increases of 37 in the State Institution, 2,288 in Certified Institutions, 4 in Certified Houses, 278 among those under Guardianship or Notified and 1,456 among those under Statutory Supervision, while there were decreases of 134 in Public Assistance Institutions and Municipal General Hospitals approved under Section 37 and 2 in Approved Homes. These changes resulted in a net increase of 3,927 under care.

The distribution of defectives under care on 1st January, 1925 and 1935, was as follows :—

	1st January, 1925.	1st January, 1935.
In Institutions provided under the Mental Deficiency Act, 1913	18,735	37,987
Under Guardianship or Notified	641	3,327
Under Statutory Supervision ...	13,547	33,377

Over 70 per cent. of the patients receiving institutional care on 1st January, 1935, were accommodated in Certified Institutions (section 36): the distribution of patients in these institutions according to the conditions under which they were received was as follows :—

—	Males.	Females.	Total.
Received under the provisions of the Mental Deficiency Acts ... ..	12,182	12,716	24,898
Received outside the provisions of the Mental Deficiency Acts :—			
Sent by Local Education Authorities ...	755	495	1,250
Sent under the Children and Young Persons Acts, 1908 to 1932 ... ..	34	28	62
Sent by Poor Law Authorities ... ..	152	305	457
Sent by Relatives or others ... ..	25	90	115
Total ... ..	13,148	13,634	26,782

The number of cases sent to these Institutions by Poor Law authorities showed a decrease of 89 as compared with the numbers so returned last year. There has been a gradual decline in these cases which ten years ago numbered 1,141.

SUMMARY of MENTALLY DEFECTIVE PATIENTS on the books of INSTITUTIONS and under GUARDIANSHIP or Notified on 1st January, 1935.

Board of Control.

Where maintained.	Received under the Mental Deficiency Acts, 1913 to 1927.						Received outside the Mental Deficiency Acts.			Total of all Mental Defectives in Institutions and under Guardianship or Notified.				
	Under Orders (secs. 6-9).		Not under Orders ( sec. 3).		Total.									
	Non-criminal.		Criminal.		M.	F.	M.	F.	T.	M.	F.	T.		
	M.	F.	M.	F.										
In the State Institution -	300	374	447	133	6	8	753	515	1,268	—	—	753	515	1,268
In Certified Institutions -	9,385	11,674	1,923	506	874	536	12,182	12,716	24,898	966	918	1,884	13,634	26,782
In Approved (sec. 37) Institutions -	3,912	4,521	539	116	11	29	4,462	4,666	9,128	—	—	—	4,462	9,128
In Certified Houses -	2	7	—	—	88	121	90	128	218	—	1	1	90	219
In Approved Homes -	—	—	—	—	—	—	—	—	—	340	250	590	340	590
Under Guardianship or Notified -	1,331	1,643	75	15	12	7	1,418	1,665	3,083	107*	137*	244*	1,525	3,327
Total -	14,930	18,219	2,984	770	991	701	18,905	19,690	38,595 (a)	1,413	1,306	2,719	20,318	41,314†

(a) Of these cases approximately 2,094 were on Licence from Certified Institutions and 61 from Guardianship.

\* Notified cases (sec. 51).

† In addition to the patients in Institutions and under Guardianship or Notified, there were on the same date 33,377 patients (17,731 males, 15,646 females) under Statutory Supervision (sec. 30 (b)).

The proportion of patients in Certified Institutions who are received under the provisions of the Mental Deficiency Acts, as compared with the proportion received outside the Acts, is steadily increasing, as is shown by the following table :—

Year. (1st Jan.)	Under the provisions of the Acts.	Outside the Acts.	Total.	Percentage under the Acts.
1918	4,242	2,147	6,389	66·4
1923	7,891	2,126	10,017	78·8
1928	12,197	1,902	14,099	86·5
1933	20,355	2,138	22,493	90·5
1934	22,505	1,989	24,494	91·9
1935	24,898	1,884	26,782	93·0

## 2. ASCERTAINMENT.

The annual returns sent in by Local Authorities this year show that on 1st January, 1935, the number of defectives reported to Local Authorities, whether subject to be dealt with or not, was 108,382, an increase of 1,943 over last year's figures, i.e., a proportion of 2·69 per 1,000 of the population as against 2·65 last year.

In our returns this year we have asked for additional figures showing the number of children between the ages of 14 and 16 who have been informally reported to Local Authorities by Local Education Authorities, excluding those who have been statutorily notified. These are children for whom the Local Authority has no liability until they reach the age of 16 ; they amount to 2,148, or 0·05 per 1,000 of the population.

If these two categories are taken together the number known to Local Authorities is 110,530,\* or 2·74 per 1,000.

On 1st January, 1935, the number of mental defectives ascertained to be subject to be dealt with was 82,740 (2·05 per 1,000 of the population as against 1·95 last year).

The apparently small increase in the numbers reported this year may be partly due to the alteration in the form of annual return, which has been modified with the object of clearing up some ambiguities and of eliminating some doubtful cases hitherto included. But when we compare this year's figures of 2·69 per 1,000 with the comparable figure of 4·52 per 1,000 given in the Wood Committee's report, it appears that, on an average, Local Authorities have still taken cognizance of only a little more than half the number of defectives in their area for whom the Wood Committee estimated that they are, or may at any time become, responsible. The Table given on pp. 44–46 shows the

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\* This is the total number of cases known to Local Authorities and is not comparable with the figures given on page 38.

actual position to-day and on examining the figures it is impossible to believe that the low ascertainment shown in many areas reflects the actual incidence of mental defect. Some local variations in incidence do, without doubt, occur, and a difference between urban and rural areas was clearly indicated in the Wood Committee's figures, but the variation shown in the numbers reported to Local Authorities is so wide as to need some further explanation. If the ten areas with the highest figures and the ten with the lowest are compared (ranging from 7.05 to 0.68 per 1,000), it will be seen that both categories contain rural and urban areas where it is most unlikely that any marked differences of incidence exist. For example, Devon (6.53 per 1,000), Suffolk (5.21), Somerset (4.89) may be compared with West Sussex (1.49), Bedford (1.27), Huntingdon (0.68); and Walsall (5.79), Plymouth (4.94), Nottingham (4.82) with Wallasey (1.43), Huddersfield (1.28), West Hartlepool (1.16), South Shields (1.10). The explanation must, we think, lie mainly in the efficiency of methods of ascertainment; and we hope that this fundamentally important part of mental deficiency administration will receive special attention in the coming year.

The ascertainment of children through Local Education Authorities and the need for further legislation have already been referred to in previous Reports. The following figures may be an indication to Local Authorities that this is the aspect of ascertainment which calls for the most immediate consideration.

The number of children notified by Local Education Authorities during the year was 3,488, a decrease of 55 on the number notified during 1933.

<i>Year.</i>				<i>Number of Notifications.</i>	<i>Increase or Decrease.</i>
1934	...	...	...	3,488	— 55
1933	...	...	...	3,543	— 234
1932	...	...	...	3,777	— 3
1931	...	...	...	3,780	+ 112
1930	...	...	...	3,668	

Of the 3,488 cases notified during 1934 by Local Education Authorities, 504 have been placed in Institutions, 46 under Guardianship and 2,372 under Statutory Supervision. No action has been taken in 493 cases (14.1 per cent.).

The 35 authorities shown on the following list have had only five, or less than five, cases notified to them by Local Education Authorities during the past year and in the first seven areas shown on the list no single case has been so notified. Twenty-six of these Authorities were included in this list last year also.

Chester C.B.  
Halifax C.B.  
Anglesey C.  
Brecknock C.

Merthyr Tydfil C.B.  
Merioneth C.  
Pembroke C.

Wallasey C.B.  
 Exeter C.B.  
 Gateshead C.B.  
 West Hartlepool C.B.  
 Hereford C.  
 Huntingdon C.  
 Parts of Holland C.  
 Grimsby C.B.  
 Lincoln C.B.  
 Newport C.B.  
 Great Yarmouth C.B.  
 Northampton C.B.  
 Soke of Peterborough C.  
 Rutland C.

Bournemouth C.B.  
 Isle of Wight C.  
 Burton-on-Trent C.B.  
 Eastbourne C.B.  
 Hastings C.B.  
 Worcester C.B.  
 Dewsbury C.B.  
 Huddersfield C.B.  
 Rotherham C.B.  
 Wakefield C.B.  
 Caernarvon C.  
 Cardigan C.  
 Denbigh C.  
 Radnor C.

Some of the areas shown above are small and a large number of notifications is not to be expected, but in many the notifications fall so low over a period of two or three years as to indicate that the system may be at fault ; whilst in the larger towns, such as Wallasey, Gateshead, West Hartlepool, Newport, Halifax, Huddersfield, Rotherham and Merthyr Tydfil, a low figure, continued for two years, suggests some failure in the functioning of the Education and Mental Deficiency Acts.

The difficulties in which Local Authorities find themselves owing to the present position of the law and the lack of special schools are referred to in several of their Annual Reports. For instance, the Nottingham County Council state :—

“ Again it is necessary to emphasize the very great handicap to the effective performance of their duties by the local authority as a result of the large number of educable defectives who evade notification because of the lack of Special School accommodation. Statistics show that in the next two years more than 100 educable defectives will pass out of the jurisdiction of the Nottinghamshire Local Education Authority without having been to Special Schools and the majority of them will fail to become ‘ subject to be dealt with ’ in any other way.

“ Another factor which is the cause of hindrance to the Local Authority is the apparent failure of the Part III Local Education Authorities in Nottinghamshire to appreciate their responsibilities in regard to the notification of defectives under the provisions of section 2 (2) of the Mental Deficiency Act, 1913.

“ Only one such authority has notified any cases during the past 18 months.”

It is clear that in the present state of the law and whilst only about one-seventh of the estimated number (i.e., 105,000) of feeble-minded children are receiving education in special schools, the powers of the authorities to take statutory action are limited. It is only by close and informal co-operation between Mental Deficiency Committees, Education Committees and Voluntary Associations that the gap can be in any way bridged and the dangers resulting from a break in the continuity of care and training at the age of 14 averted.

On 1st January, 1935, the total number of mental defectives “ subject to be dealt with ” and in receipt of poor relief was 11,714 as compared with 11,100 last year. The following table shows

the changes that have taken place amongst this group during the past four years :—

			<i>Indoor Relief.</i>	<i>Outdoor Relief.</i>	<i>Total.</i>	
1932	...	...	6,719	3,655	10,364	
1933	...	...	7,301	3,988	11,289	+925
1934	...	...	7,082	4,018	11,100	—189
1935	...	...	7,541	4,173	11,714	+614

The increase this year in these cases which, although subject to be dealt with, are still in receipt of poor relief, shows that although advantage is being taken of the Local Government Act as regards ascertainment it is not at present leading to any further action under the Mental Deficiency Acts. Vacancies in Certified Institutions are still inadequate to meet the needs of urgent cases and so long as a Local Authority feels unable to make a declaration under section 5 of the Local Government Act it is perhaps natural that defectives in Public Assistance Institutions should be the last to benefit by the Mental Deficiency Acts. In spite of the well-recognized disadvantages resulting from the lack of any power of detention and the absence of facilities for classification, training and re-socialization, the defective in a Public Assistance Institution is at least for the moment fed, clothed and housed and kindly treated. The growth of colonies and the allocation of suitable Public Assistance Institutions for mental deficiency purposes is the only ultimate solution and in the meantime it is satisfactory to see that Local Authorities are ascertaining these cases as a means of assessing their future liabilities.

The second group, shown to be in receipt of outdoor relief, presents no such difficulties and it is surprising to find that the numbers have increased this year to 4,173 from 4,018. Certain authorities show the following increases in the number of cases in receipt of out relief during the year : 148 (Hull), 91 (Yorkshire, West Riding), 47 (Devon), 36 (Brecon) and 33 (Kent). That defectives should continue to receive relief through the Public Assistance Committee rather than the Mental Deficiency Committee does not appear to us to accord with the principles of the Local Government Act designed to enable Local Authorities to deal with defectives on account of their mental condition rather than their poverty. Guardianship under the Mental Deficiency Act, and attendance at a day centre if required is, in our view, the best way of helping defectives who need out relief and will in the end lead to efficiency and economy. It is to be hoped that the ascertainment of these cases will continue, followed by action under the Mental Deficiency Acts by the Committee responsible for their care, control and training.

The following table shows the proportion, per 1,000 of the population of the area, of defectives reported to Local Authorities ;

of defectives ascertained to be subject to be dealt with ; and of defectives receiving institutional care.

					<i>Reported.</i>	<i>Ascertained to be subject to be dealt with.</i>	<i>In Institu- tions.</i>
Cardigan C.	...	...	...	...	7.05	1.20	0.13
Devon C.	...	...	...	...	6.53	2.52	1.09
Walsall C.B.	...	...	...	...	5.79	3.66	2.16
Salop C.	...	...	...	...	5.33	2.37	0.66
Rutland C.	...	...	...	...	5.30	5.30	1.28
Suffolk, E. and W.	...	...	...	...	5.21	2.67	0.68
Plymouth C.B.	...	...	...	...	4.94	3.71	1.15
Somerset C.	...	...	...	...	4.89	3.04	1.54
Nottingham C.B.	...	...	...	...	4.82	4.82	0.69
Wiltshire C.	...	...	...	...	4.42	3.17	1.22
Ipswich C.B.	...	...	...	...	4.24	3.95	1.55
Reading C.B.	...	...	...	...	4.19	2.80	0.71
Burton-on-Trent C.B.	...	...	...	...	4.06	1.94	0.55
Oxford C.B.	...	...	...	...	4.00	2.87	1.22
Birmingham C.B.	...	...	...	...	3.95	3.93	1.66
Darlington C.B.	...	...	...	...	3.94	1.68	0.55
Bristol C.B.	...	...	...	...	3.94	3.94	1.13
Cambridge C.	...	...	...	...	3.85	2.04	0.83
Stafford C.	...	...	...	...	3.84	1.82	0.35
Porstmouth C.B.	...	...	...	...	3.83	2.14	0.68
Berkshire C.	...	...	...	...	3.81	1.67	1.01
Leeds C.B.	...	...	...	...	3.72	3.08	1.18
Radnor C.	...	...	...	...	3.69	3.69	0.43
Merioneth C.	...	...	...	...	3.66	2.59	0.62
London C.	...	...	...	...	3.61	2.69	1.37
Newport C.B.	...	...	...	...	3.59	1.29	0.35
Hertford C.	...	...	...	...	3.54	2.94	0.95
York C.B.	...	...	...	...	3.52	2.28	1.30
West Bromwich C.B.	...	...	...	...	3.45	2.50	1.97
Essex C.	...	...	...	...	3.39	1.74	0.46
Leicester C.	...	...	...	...	3.39	1.30	0.50
Barnsley C.B.	...	...	...	...	3.37	2.11	0.43
Birkenhead C.B.	...	...	...	...	3.36	1.80	0.38
Southampton C.B.	...	...	...	...	3.30	1.92	0.64
Kingston-upon-Hull C.B.	...	...	...	...	3.30	2.73	0.65
Smethwick C.B.	...	...	...	...	3.28	3.08	0.72
Dorset C.	...	...	...	...	3.23	2.28	1.07
Canterbury C.B.	...	...	...	...	3.21	2.42	1.00
Oxford C.	...	...	...	...	3.19	1.18	0.34
Isle of Wight C.	...	...	...	...	3.14	2.64	0.53
Rotherham C.B.	...	...	...	...	3.00	1.85	0.84
Anglesey C.	...	...	...	...	2.99	2.99	0.39
Bradford C.B.	...	...	...	...	2.98	2.65	0.91
Warwick C.	...	...	...	...	2.96	1.81	0.99
Southampton C.	...	...	...	...	2.87	2.34	0.88
Northampton C.B.	...	...	...	...	2.86	0.72	0.23
Sheffield C.B.	...	...	...	...	2.86	2.21	0.80
Derby C.B.	...	...	...	...	2.85	1.42	0.35
Bath C.B.	...	...	...	...	2.84	2.25	1.04
Pembroke C.	...	...	...	...	2.84	1.67	0.53
Cumberland, Westmorland and Car-							
lisle C.B.	...	...	...	...	2.80	2.20	0.83
Swansea C.B.	...	...	...	...	2.78	1.66	0.31

				<i>Reported</i>	<i>Ascertained to be subject to be dealt with.</i>	<i>In Institu- tions.</i>
Wolverhampton C.B. ...	...	...	...	2.73	1.84	0.78
Norfolk C. ...	...	...	...	2.71	2.49	1.02
Leicester C.B. ...	...	...	...	2.68	1.93	1.09
Sunderland C.B. ...	...	...	...	2.67	2.61	0.52
Hereford C. ...	...	...	...	2.65	2.65	0.45
Worcester C.B. ...	...	...	...	2.65	1.45	0.55
Soke of Peterborough C. ...	...	...	...	2.64	2.64	0.78
Tynemouth C.B. ...	...	...	...	2.62	2.31	0.91
Cardiff C.B. ...	...	...	...	2.58	2.00	0.75
West Ham C.B. ...	...	...	...	2.57	2.52	0.77
Parts of Lindsey C. ...	...	...	...	2.57	1.90	0.53
Dewsbury C.B. ...	...	...	...	2.56	1.70	0.56
Middlesbrough C.B. ...	...	...	...	2.48	2.42	0.59
Exeter C.B. ...	...	...	...	2.47	2.42	1.03
Monmouth C. ...	...	...	...	2.45	2.24	0.43
Dudley C.B. ...	...	...	...	2.44	2.10	0.52
Parts of Holland C. ...	...	...	...	2.43	2.30	0.24
Gloucester C. and Gloucester C.B. ...	...	...	...	2.40	1.57	0.51
Merthyr Tydfil C.B. ...	...	...	...	2.37	1.33	0.19
Brecknock C. ...	...	...	...	2.35	2.35	0.32
Denbigh C. ...	...	...	...	2.35	2.31	0.61
Gt. Yarmouth C.B. ...	...	...	...	2.34	1.54	0.64
Isle of Ely C. ...	...	...	...	2.29	1.08	0.35
Buckingham C. ...	...	...	...	2.28	1.95	1.04
Yorks, East Riding ...	...	...	...	2.27	1.57	0.82
Durham C. ...	...	...	...	2.26	2.26	0.41
Derby C. ...	...	...	...	2.24	1.51	0.36
Lincoln C.B. ...	...	...	...	2.24	1.68	0.43
Montgomery C. ...	...	...	...	2.24	2.24	0.74
Eastbourne C.B. ...	...	...	...	2.23	2.23	0.73
Northumberland C. ...	...	...	...	2.22	1.91	0.68
Newcastle-on-Tyne C.B. ...	...	...	...	2.22	2.18	1.29
Yorks, North Riding ...	...	...	...	2.19	1.22	0.49
Glamorgan C. ...	...	...	...	2.17	2.17	0.47
Norwich C.B. ...	...	...	...	2.15	2.10	1.06
Lancashire Mental Hospitals Board ...	...	...	...	2.14	1.71	0.66
Chester C.B. ...	...	...	...	2.12	2.07	0.78
East Ham C.B. ...	...	...	...	2.10	2.08	0.72
Worcester C. ...	...	...	...	2.09	1.34	0.63
Hastings C.B. ...	...	...	...	2.08	1.84	0.58
Parts of Kesteven C. ...	...	...	...	2.06	1.44	0.30
Southend-on-Sea C.B. ....	...	...	...	2.05	1.62	0.44
Kent C. ...	...	...	...	2.03	1.50	0.60
Nottingham C. ...	...	...	...	2.03	1.10	0.32
Caernarvon C. ...	...	...	...	2.03	1.47	0.38
Northampton C. ...	...	...	...	2.01	1.45	0.40
Grimsby C.B. ...	...	...	...	2.01	1.47	0.20
Cornwall C. ...	...	...	...	1.95	1.95	0.51
Coventry C.B. ...	...	...	...	1.93	1.84	0.33
Wakefield C.B. ...	...	...	...	1.93	1.03	0.47
Flint C. ...	...	...	...	1.85	1.85	0.50
Gateshead C.B. ...	...	...	...	1.80	1.66	0.65
Croydon C.B. ...	...	...	...	1.79	1.74	0.51
East Sussex C. ....	...	...	...	1.75	1.37	0.51
Yorks, West Riding ...	...	...	...	1.75	1.64	0.56
Middlesex C. ...	...	...	...	1.73	1.44	0.79

				Reported.	Ascertained to be subject to be dealt with.	In Institu- tions.
Doncaster C.B.	...	...	...	1.70	1.70	0.71
Carmarthen C.	...	...	...	1.70	1.70	0.25
Halifax C.B.	...	...	...	1.68	1.68	0.91
Surrey C.	...	...	...	1.67	1.16	0.54
Chester C.	...	...	...	1.63	1.56	0.27
Brighton C.B.	...	...	...	1.56	1.47	0.29
West Sussex C.	...	...	...	1.49	1.41	0.45
Wallasey C.B.	...	...	...	1.43	0.98	0.61
Huddersfield C.B.	...	...	...	1.28	1.08	0.57
Bedford C.	...	...	...	1.27	1.13	0.43
West Hartlepool C.B.	...	...	...	1.16	1.16	0.40
Stoke-on-Trent C.B.	...	...	...	1.14	0.94	0.43
South Shields C.B.	...	...	...	1.10	0.88	0.48
Bournemouth C.B.	...	...	...	0.87	0.87	0.38
Huntingdon C.	...	...	...	0.68	0.44	0.36

### 3. ACCOMMODATION.

A further increase has taken place during 1934 in the number of beds in Certified Institutions under Section 36 of the Mental Deficiency Act, 1913; 2,026 new beds have been provided by Local Authorities and the following accommodation was available on 1st January, 1935, under Sections 36 and 37 of the Act.

	Number of beds.
Certified Institutions provided by Local Authorities (Section 36) ... ..	17,452
Certified Institutions provided by other bodies (Section 36)	9,053
Public Assistance Institutions (Section 37) ... ..	9,978
	<hr/> 36,483

#### *The Present Position with regard to Accommodation.*

##### *(a) Beds Provided by Local Authorities.*

The total number of beds in Certified Institutions provided by Local Authorities is 17,452. Of this number 2,026 were provided during the past year. The principal changes during 1934 related to extensions at the following :—

Coleshill Hall (Birmingham C.B.).  
 Western Lodge (Devon C.)  
 Coldeast Colony (Hampshire Joint Committee).  
 Leybourne Grange (Kent C.).  
 Brockhall (Lancs Mental Hospitals Board)  
 Middlesex Colony (Middlesex C.).  
 Prudhoe Hall (N.E. County Boroughs Joint Board).  
 St. Catherine's (S.W. Yorkshire Joint Board).  
 Weston Colony (Warwickshire C.).  
 Pewsey Colony (Wiltshire C.).

and the transfer to the Mental Deficiency service of the St. Columb Major Institution and Claypenny Colony (formerly Easingwold Public Assistance Institution).

Eighty-two Local Authorities had on 1st January, 1935, provided accommodation under Section 30 (c) of the Act of 1913, whilst 14 others had made contractual arrangements for the reservation of beds in existing Certified Institutions.

(1) *Certified Institutions Provided by Local Authorities.*

	<i>Beds</i>		<i>Beds</i>
Bedfordshire and North-		Halifax C.B.	
amptonshire Joint		Craigie Lea ... ..	28
Board (Bedford C.,		Hampshire Mental Health	
Northampton C. and		Institutions Joint	
Northampton C.B.)		Committee (South-	
Bromham House ...	24	ampton C., Bourne-	
Birmingham C.B.		mouth C.B. and South-	
Coleshill Hall ... ..	360	ampton C.B.)	
Monyhull Colony ...	1,243	Coldeast Colony ...	500
Bradford C.B.		Tatchbury Mount ...	56
Westwood Colony, with		Herts C.	
ancillary premises(Ash-		Cell Barnes Colony ...	600
field) ... ..	290	Ipswich C.B.	
Brighton C.B.		Handford Home ...	22
Laughton Lodge ...	34	Kent C.	
Bristol C.B.		Leybourne Grange ...	371
Hortham Colony ...	608	West View, Tenterden ...	180
Buckingham C.		Kingston-upon-Hull C.B.	
Manor House, Aylesbury	99	Tilworth Grange ...	83
Bucks, Oxon and Reading		Lancashire Mental Hos-	
Joint Board		pitals Board	
Borocourt ... ..	207	Brockhall ... ..	758
Cheshire Joint Board (Ches-		Calderstones ... ..	2,328
ter C. and Chester,		Leeds C.B.	
Birkenhead and Wal-		Kepstorn ... ..	40
lasey C.Bs.		Meanwood Park Colony	431
Cranage Hall ... ..	62	Leicester C.B.	
Cornwall C.		Leicester Frith ... ..	277
St. Columb Major ...	111	Leicestershire and Rutland	
Croydon C.B.		Joint Board	
6, Morland Road ...	20	Stretton Hall ... ..	50
Cumberland, Westmorland		Lindsey C.	
and Carlisle Joint		Caistor ... ..	102
Committee		London C.	
Dovenby Hall Colony ...	185	Brunswick House ...	75
Denbigh C.		Farmfield ... ..	141
Coed Du Hall ... ..	72	Manor ... ..	1,292
Derby C.B.		South Side Home ...	80
Thornhill ... ..	39	Middlesex C.	
Devon C.B.		Middlesex Colony ...	639
Box House, Axminster...	106	Bramley House ... ..	50
Stoke Lyne ... ..	52	Craufurd Home... ..	116
Western Lodge, Crediton	106	Newcastle-on-Tyne C.B.	
Flintshire C.		Shotley Bridge Colony...	473
Broughton ... ..	56	Norfolk C.	
Glamorgan C.		Little Plumstead Hall	
Drymma Hall ... ..	79	with ancillary premises	
Hensol Castle ... ..	100	(Heckingham Institution)	432

	<i>Beds</i>		<i>Beds</i>
North - Eastern County Boroughs Joint Board (Darlington, Middles- brough, South Shields, Sunderland, Tyne- mouth and West Hartlepool C.Bs.)		Warwick C.	
Prudhoe Hall Colony ...	581	Weston Colony ... ..	138
Northumberland C.		West Ham C.B.	
Cowpen Hall ... ..	42	South Ockendon Colony	134
Greenholme Institution, Haltwhistle ... ..	51	West Wales Joint Board (Cardigan, Carmarthen, Pembroke, Brecon and Radnor Cs.)	
Rothbury ... ..	44	Pantglas Hall ... ..	117
Norwich C.B.		Wiltshire C.	
Eaton Grange ... ..	37	Pewsey Colony ... ..	201
Nottingham C.B.		Yorkshire :—	
Aston Hall ... ..	108	East Riding and York Joint Board	
Sheffield C.B.		Brandesburton Hall ...	121
Cliffe House ... ..	29	Mid-Yorkshire Joint Board (Leeds, York, Halifax and Kingston-upon- Hull C.Bs.)	
Hollow Meadows ... ..	58	Mid-Yorks Institution ...	214
Wales Court ... ..	50	North Riding	
Somerset C.		Claypenny Colony ...	90
Sandhill Park, with ancillary premises (Cambridge House, West End House, and Yatton Hall) ... ..	473	South-West Yorkshire Joint Board (Barnsley, Dewsbury, Doncaster, Halifax, Huddersfield, Rotherham and Wake- field C.Bs.)	
Stoke-on-Trent C.B.		St. Catherine's Colony ...	300
Stallington Hall ... ..	77	West Riding C.	
Surrey C.		Oulton Hall ... ..	264
Botleys Park, with an- cillary premises (Mur- ray House) ... ..	353	Rawcliffe Hall ... ..	121
Clerk's Croft ... ..	102	The Mansion, Kirkburton	60
Swansea C.B.			
Llwyn Eryr Training Home ... ..	27		
Walsall and West Bromwich Joint Board			17,452
Great Barr Park Colony	683		

NOTE—The Derbyshire C.C. have adapted Makeney House to accommodate 80 mentally defective women, but the certificate was not issued until after 1st January, 1935.

(2) *Beds are Reserved at the following Institutions for Patients from the Local Authorities named :—*

Stoke Park Colony ... ..	} Gloucestershire (County and City) Joint Committee.
Brentry Colony ... ..	
Royal Eastern Counties' In- stitution ... ..	{ Essex C. Southend C.B. East and West Suffolk Joint Committee. Ipswich C.B. Cambridgeshire C.

Royal Western Counties' Institution ... ..	In-stitution	Devon C. Exeter C.B. Plymouth C.B. Dorset C. Somerset C.
Hortham Colony (Bristol C.B.)		Bath C.B. Dorset C.
Little Plumstead Hall (Norfolk C.) ... ..		Gt. Yarmouth C.B. Norwich C.B.
Shotley Bridge Colony (Newcastle-on-Tyne C.B.) ...		Gateshead C.B.
Hensol Castle (Glamorgan C.)		Cardiff C.B. Merthyr Tydfil C.B. Swansea C.B.
South Ockendon Colony (West Ham C.B.) ... ..		East Ham C.B.
Botleys Park (Surrey C.) ...		Croydon C.B.

Plans of the following schemes have received statutory approval and the buildings are in course of erection :—

	<i>Beds.</i>
Prudhoe Hall Colony (N.E. County Boroughs Joint Board)	34
Middlesex Colony, Shenley (Middlesex C.) ... ..	307
Hensol Castle (Glamorgan C.) ... ..	320
Royal Eastern Counties' Institution (Cambridge C., Essex C. and East and West Suffolk Joint Committee) ...	444
Cranage Hall (Cheshire Joint Board) ... ..	314
Aston Hall (Nottingham C.B.) ... ..	237
School Aycliffe Colony (Durham C.) ... ..	360
Coleshill Hall (Birmingham C.B.) ... ..	60
Harmston Hall (Lincolnshire Joint Board) ... ..	254
Leicester Frith (Leicester C.B.) ... ..	60
Tilworth Grange (Kingston-upon-Hull C.B.) ... ..	67
Winestead Hall (Kingston-upon-Hull C.B.) ... ..	130
Marston Green Homes (Birmingham C.B.) ... ..	400
Stretton Hall (Leicestershire and Rutland Joint Board) ...	120
Brandesburton Hall (East Riding and York Joint Board) ...	120
Tatchbury Mount (Hampshire Joint Committee) ... ..	120
Bromham House (Beds and Northants. Joint Board) ...	260

The following schemes have been approved in principle :—

	<i>Beds.</i>
Royal Western Counties' Institution (Devon C., Exeter C.B., Somerset C., Dorset C. and Plymouth C.B.) ... ..	320
Northgate Colony (Northumberland C.) ... ..	300
Portsmouth Colony (Portsmouth C.B.) ... ..	500
Botleys Park (Surrey C.) ... ..	1,200
Little Plumstead Hall (Norfolk C.) ... ..	80
South Ockendon Colony (West Ham C.B.) ... ..	340
Brockhall (Lancashire Mental Hospitals Board) ... ..	1,316
Leicester Frith (Leicester C.B.) ... ..	40
Stallington Hall (Stoke-on-Trent C.B.) ... ..	440
Balderton Hall (Notts C.) ... ..	540

The following Local Authorities have not yet provided institutional accommodation under section 38 (1) (a), either

alone or in combination with other Local Authorities, although some of them have schemes under consideration :—

Anglesey C.	Merioneth C.
Burton-on-Trent C.B.	Monmouth C.
Caernarvon C.	Newport C.B.
Coventry C.B.	Salop C.
Dudley C.B.	Smethwick C.B.
Eastbourne C.B.	Soke of Peterborough C.
East Sussex C.	Stafford C.
Hastings C.B.	West Sussex C.
Hereford C.	Wolverhampton C.B.
Huntingdon C.	Worcester C.
Isle of Ely C.	Worcester C.B.
Isle of Wight C.	

(b) *Other Beds Provided.*

The following accommodation was available on the 1st January last, in addition to that provided by Local Authorities in Certified Institutions under Section 36 :—

In Certified Institutions provided by other bodies (including Royal Eastern Counties' Institution, Royal Albert Institution, Royal Western Counties' Institution, Royal Earlswood Institution, Midland Counties' Institution, Stoke Park Colony, Brentry Colony, Whittington Hall and The Mary Dendy Home, Sandlebridge) ... ..	9,053
Public Assistance Institutions approved under Section 37 of the Mental Deficiency Act (including Darenth Training Colony, the Caterham, Fountain and Leavesden Mental Hospitals, and Seafeld House) ...	9,978

Plans of a villa for 50 male patients at Lisieux Hall, Whitton-le-Woods, Chorley, Lancashire (Congregation of the Brothers of Charity) were approved during the year.

(c) *Hostels.*

The following Institutions function solely as hostels and receive patients, in the first instance, on licence from other Certified Institutions :—

Eagle House, Mitcham (Surrey Voluntary Association for Mental Welfare). (Women.)
Royal Fort Home, Bristol (The Committee of Management). (Women.)
Royal Hostel, Elstead (Surrey Voluntary Association for Mental Welfare). (Men.)
The Old Rectory, Bath (Bath Voluntary Association for Mental Welfare). (Women.)

Patients are also sent out to daily work from the following Institutions. Those marked \* have separate hostel branches :—

Royal Eastern Counties' Institution. (Women.)
*The Manor (London C.). (Women.)
*Royal Western Counties Institution. (Men and Women.)
South Side Home (London C.). (Women.)
Farmfield (London C.). (Men.)
Brunswick House (London C.) (Men.)

Kepstorn (Leeds C.B.). (Women.)  
 \*The Hermitage. (Women.)  
 \*Caterham (London C.). (Men.)  
 Dungates. (Men.)  
 Walsham How Home. (Women.)  
 \*Monyhull Colony. (Women.)  
 Sandhill Park (Somerset C.). (Women.)

A small Hostel has been opened during the year at 2, Southbroom Terrace, Devizes, where girls are taken on licence from the Pewsey Colony (Wiltshire C.).

At most of the Hostels the contact with employers and the visiting of the defectives in their situations are undertaken by the Superintendent or Matron, helped in many cases by the Local Authority's supervising officers or by local voluntary associations. At Kepstorn (Leeds C.B.) it is interesting to note that the Assistant Matron is also attached to the staff of the Executive Officer of the Mental Health Service Committee, and her duties include visiting the girls in their situations and interviewing prospective employers in their homes.

#### *(d) Approved Homes† and Certified Houses.‡*

There are now 41 Approved Homes and 6 Certified Houses approved by the Board, containing 785 beds and 258 beds respectively. There are 195 vacancies in Approved Homes and 39 in Certified Houses.

It will be seen that the number of beds in Approved Homes and in Certified Houses has fallen since last year and that, in spite of this decrease, vacancies remain unfilled. Any person contemplating the opening of a Home for private profit would be well advised to consider seriously, in the light of the actual and future demands, what are the prospects of making it a success, and the Board will be willing to give information and guidance on this subject if consulted.

### 4. COMMUNITY CARE.

In every case ascertained to be mentally defective the Local Authority has to consider his individual needs and decide whether he should be cared for in or outside an Institution. This decision must be largely influenced by the organization of community care in the area as well as by the institutional provision available. Although progress in the provision of Institutions has been made it is likely that the number of beds available will for many years

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† An Approved Home is one in which defectives are received and supported wholly or partly by voluntary contributions or for private profit, and in respect of which approval has been granted by the Board of Control under Section 50.

‡ A Certified House is one in which defectives are received by the owner thereof for his private profit, and in respect of which a certificate has been granted by the Board of Control under Section 49.

remain insufficient even for those defectives urgently in need of this form of care. More Institutions are needed, but the Board are convinced that the development of an efficient system of community care is of equal importance and may do much to lessen the immediate pressure on institutional accommodation and to minimize the number of beds ultimately required.

Both economic and humanitarian motives will fail in their aim unless action is taken to prevent defectives in the community from suffering through their own failure or through neglect. The following observations are made in the light of experience of methods employed in making community care effective.

The main requirements of defectives living in the community are (i) supervision by a responsible person, (ii) good environment, (iii) regular training and occupation and (iv) an institution to which they can be sent in times of need.

For a large number, these conditions are ensured in their own homes without any action being required on the part of the Local Authority beyond some form of friendly contact to provide for help in case of need.

For cases where statutory action is required the Local Authority can provide care by placing the defective under statutory supervision, under guardianship or on licence from an Institution. The relative advantages of these three forms of care have been frequently discussed and are well known. The following practical requirements and suggestions relate in some degree to them all and may be of help to those concerned in the further development of community care.

### *Community Supervision.*

(a) The first consideration is how best to provide machinery for carrying out the various duties in connection with supervision, boarding out and training of defectives outside Institutions. It is often stated that guardians cannot be found or that community care has been tried and failed, but it usually appears on further investigation of the work in these areas that the necessary organization does not exist or that the extra duties involved have been deputed to officers already working up to the limit of their capacity. In places where the work has been properly delegated to experienced officers initial difficulties have been overcome and the care of defectives living in the community acquires a value unrecognized in other areas.

In connection with the need for trained officers we would call attention to the short courses organized by the Central Association for Mental Welfare.

The care of defectives outside Institutions may be carried out by officers employed directly by the Local Authority or by the Voluntary Association to which the Local Authority can depute some of its duties and make a grant. The Guardianship Society and the Central Association for Mental Welfare are

doing invaluable boarding-out work, but in the Board's view guardianship schemes should ultimately be localized and run by, or in close connection with, the Local Authority in each area.

(b) A further point of fundamental importance in training defectives for community life is the provision of sufficient institutional beds and of some means of ensuring that these beds are used to the best advantage. Here we would urge the importance of licence and of close co-operation between the Medical Superintendent and those who arrange for the care of defectives outside the Institution. Licence is not only a means of testing capacity for discharge but may, in some cases, be the most suitable form of prolonged care for defectives leaving Institutions. Stable low-grade patients may with advantage be licensed to foster parents and high-grade defectives may return home on licence or be placed with employers.

There is still a great divergence in the use made of licence in different Institutions and this, we believe, is partly because it is only in a few places that any system has been evolved for finding suitable licensees and for providing the necessary after-care. A preliminary step in the process of placing employable patients out on licence is daily work from the Institution. A hostel attached to the Institution provides a means by which patients can be sent out to daily work with the least risk ; but at present there are only ten hostels in existence and of these only five are attached to the larger Certified Institutions. Many big Certified Institutions still possess neither hostel nor the machinery for working a system of licence. We would urge the Managers to consider what steps should be taken to secure the double advantage of reducing pressure on beds and enabling certain patients to become partly or even entirely self-supporting.

### *Environment.*

In considering the main needs of the mentally defective child or adult it is evident that environment and training are all-important. The question that arises here is how far and in what way the environment can be improved so as to obviate the need for permanent institutional care. The reason for sending a defective from his home to an Institution is usually either that he is suffering in some way at home, that he is harmful to other members of the community or that he is not receiving the training he needs. Before deciding that institutional care is necessary the responsible authority would be well advised to consider to what extent the home conditions can be altered and improved. In some cases regular visits from a visitor who understands the parents' difficulties and the defective's needs, combined with attendance by the defective at a day centre, will produce the needed change ; but where the surroundings cannot be modified

and where a defective of the amenable and harmless type cannot be looked after at home, we suggest that Guardianship should be considered as an alternative to institutional care. Each case needs individual consideration, but we believe that no mentally defective child who is trainable should be placed out with foster parents unless a day centre is available. Similarly, high-grade adults should only be placed out with Guardians where employment, paid or unpaid, can be secured.

Other considerations are important. The unstable defective will probably stand a better chance of overcoming his difficulties if helped by institutional care and training ; the parents' attitude, the effect of the mentally defective child on the mother's health and on the other children in the home, the availability of suitable foster parents or of day-training facilities, may all be deciding factors. We wish only to suggest that the Local Authority should look into the possibilities of guardianship and day-training as an alternative to institutional care which may, for some children, be the best preparation for the life they are likely to be able to lead in the community as adults.

### *Training and Employment.*

From the foregoing it will be seen that good environmental conditions of defectives living in the community are so dependent upon the provision of training and occupation that the two questions can hardly be considered separately. In towns, Occupation Centres and Industrial Centres have been shown to be a most effective and economical method of supplying training, occupations and employment outside Institutions, whilst in country districts Home Training schemes are proving to be a valuable adjunct to supervision. In several towns with a population of 12,000 to 40,000, Occupation Centres are functioning successfully, whilst in Leeds, with a population of 485,000, 355 defectives are being trained and employed in various Day Centres. Forty-two towns remain, however, with a population of over 50,000 where no Day Centres exist and these include 13 towns with a population of over 100,000. It is disappointing to find that the increase in the development of centres and home training is so slow. Unpretentious as the work is, we believe it to play an essential part in the treatment of mental defectives and to be well worth the relatively small expense which must be incurred if centres are to be effective.

The efficiency of centres depends upon the capabilities of the Supervisors and upon the support they receive. Methods of training are still, to some extent, experimental and Supervisors need frequent help and opportunities of gaining fresh knowledge. In populous areas where several centres exist this help can best be given by appointing a General Supervisor for a group of centres,

but in more isolated places this is not practicable and help must be given in other ways. Attendance can be arranged at short courses, such as those organized by the Central Association for Mental Welfare or by the Staffordshire Voluntary Association, and a period spent in a Certified Institution, where there is a good school, may also prove beneficial.

Physical training forms the basis of all training with low-grade children and a useful means of enlarging the Supervisors' experience in this respect is by attendance at classes organized locally. We would suggest to those who are responsible for centres that they should find out whether there are classes organized by Local Education Authorities for the training of teachers in physical exercises, eurhythmics, handwork, etc. (particularly for the teachers of infants), and that arrangements might be made for supervisors of centres to attend.

We would like to call special attention to the scheme recently announced by the Central Association for Mental Welfare whereby for the next months the loan services of a visiting teacher are being made available for the assistance of supervisors in existing centres and to inaugurate new centres and to help with the organization of home training. We believe that periodic help from a visiting teacher may solve some difficulties arising from the isolated position of the centres and the dearth of teachers experienced in methods of training low-grade defectives.

### *Public Opinion.*

The Board have no wish to press upon Local Authorities the use of any particular method of community care, but there appears in many places to be a lack of organization and of guiding principles the result of which is to prejudice public opinion against the whole work. When the question of discharging a defective from Order arises it should be possible to give him a preliminary trial to see how far he can adapt to normal life. An unfair refusal on the part of a Local Authority to grant licence or to undertake the duties of finding guardians and licensees puts relatives and the public generally in opposition to the Mental Deficiency Acts, whilst, on the other hand, specific cases of injudicious granting of licence and insufficient supervision of patients who are a danger to themselves and to the public are apt to create prejudice against this form of treatment as a whole which is quite unjustified. Such opposition and prejudice are harmful and interfere with the smooth working of the Mental Deficiency Acts. The only remedy is for each Local Authority, either alone or in co-operation with other Local Authorities, to have some means available for finding guardians, for providing the necessary supervision and the organization of Day Centres and home training.

Defectives living in the community will probably always

outnumber those in Institutions. Their care is perhaps one of the gravest responsibilities confronting those administering the Mental Deficiency Acts. No branch of this work is more urgent and the Board would ask Local Authorities to review these services, bearing in mind the need for co-ordination with other health services and for a staff competent to carry out these specialized duties.

The figures relating to defectives under care in the community are as follow :—

(a) *Licence.*

On 1st January, 1935, there were 2,094 defectives on licence from institutions, 1,078 males and 1,016 females ; an increase of 316 on last year's figures.

(b) *Guardianship (Section 30 (d) ).*

The number of cases under guardianship on 1st January, 1935, was 3,083, an increase of 274 on last year's figures.

Increase during—1933	...	251
1932	...	359
1931	...	326

Sixteen Local Authorities still have no case under guardianship, whilst 19 others have only two or one.

(c) *Supervision (Section 30 (b) ).*

The number of cases under statutory supervision on 1st January, 1935, was 33,377, an increase of 1,456 during the year.

Increase during—1933	...	2,186
1932	...	1,765
1931	...	2,360

Defectives under voluntary supervision numbered 23,544 as compared with 22,665 last year. This latter group includes defectives who are not subject to be dealt with under the Act but in whose cases some arrangement has been made for friendly visitation.

According to the returns furnished to us, in the following areas no use at all is being made of this economically and socially important provision of the Mental Deficiency Acts :—

Huntingdon C.	Merthyr Tydfil C.B.
Cardigan C.	Merioneth C.
Carmarthen C.	Pembroke C.

The following authorities have less than ten cases under statutory supervision :—

Wallasey C.B.
Caernarvon C.

## 5. DAY CENTRES, CLUBS AND HOME TRAINING.

One hundred and ninety-one centres are now functioning (1st January, 1935), as compared with 186 last year. These include :—

				<i>Conducted by—</i>	
				<i>Voluntary Associations.</i>	<i>Local Authorities.</i>
Occupation Centres	...	...	...	98	56
Industrial Centres and Classes	...	...	...	18	9
Clubs and Evening Classes	...	...	...	10	—
				<hr/> 126	<hr/> 65

Fifty-two occupation centres and 9 industrial centres are now open for whole time, i.e., for 10 or 11 sessions weekly.

During the year new centres have been opened at Tottenham, Barking, Peacehaven, Melton Mowbray, Bilston, Brierley Hill, Newcastle, Dudley, Grimsby, Shoreditch, Mansfield and Wolverhampton, while the centres at Walthamstow, Lewisham and Hackney were made whole-time, having previously been part-time centres.

New Clubs have been opened at Bilston, Ipswich and Chippenham.

Various centres and clubs have been closed during the year, several on account of reorganization and amalgamation with other centres. An interesting new development during the year has been the inauguration at the Edmonton Occupation Centre of a Company of Girl Guides. This company, which is the first of its kind, has been inspected by the Middlesex County Commissioner who expressed appreciation of their work.

The number on the registers of all centres on 1st January, 1935, was 3,711, as compared with 3,563 last year.

This number is classified as follows :—

				1935.	1934.
Under Statutory Supervision	...	...	...	2,744	2,586
Under Voluntary Supervision	...	...	...	403	451
Under Guardianship	...	...	...	484	458
On Licence	...	...	...	80	68

One indication of the value of centres is the regularity of attendance. There is, of course, no power to compel attendance at centres and it is of interest to compare them in this respect with ordinary elementary schools and with day special schools.

The average attendance given by the Board of Education in 1934 was 89·7 per cent. of the number on the register for children attending Public Elementary Schools and 80 per cent. for children attending Mentally Defective Day Schools.

The average attendance shown last year in the 52 whole-time occupation centres was 75·8 per cent. of the numbers on the register; that in the nine whole-time industrial centres was 88 per cent.

It is, we think, remarkable that the attendance should be as high as this in spite of the feeble health of many defectives, the incapacity of some to come alone to the centre and the inclination of the parents to make use of the older ones for many odd jobs at home. In industrial centres there is usually some financial incentive to regular attendance and it is less surprising to find an average attendance of over 90 per cent. at the two centres for men at Leeds, at the Pioneer Laundry Centres at Leeds and at the Hackney Craft Centre, whilst at Sunderland an average attendance of 100 per cent. is reached. In occupation centres a much wider variation is shown, depending partly, no doubt, on the local facilities and the arrangements made for conveying the children to and from the centres. But at the occupation centres at Stafford, Southampton, Bridgwater, Cardiff and Croydon an average attendance of over 90 per cent. is shown and 100 per cent. is reached at Wood Green.

Such regular attendance shows good administration and is strong evidence that the needs of the defectives are being met by the training they receive at these centres. There can be no better judges than the parents of the results of training and the parents' co-operation is the best possible proof of the success of Day Centres in helping defective children to form good habits and to adapt to community life.

There can be no doubt either as to the value of home training for defectives who are unfitted to attend centres or in areas where centres are not practicable. Home training, we believe, can best be introduced as part of the routine system of supervising defectives outside institutions. Supervising officers should be appointed with some knowledge of training methods and handwork and arrangements made to provide materials and to dispose of finished articles; home teachers then become part of the supervising staff and overlapping of home visiting and unnecessary expense in travelling can be avoided. Amongst other areas where home training is being carried out on these lines are Suffolk, Wiltshire and Kent. In Middlesex a comprehensive scheme of home training is carried out for the Local Authority by the Central Association for Mental Welfare.

## 6. DISCHARGES AND DEATHS.

*Discharges.*—The total number of patients discharged from Orders under the Mental Deficiency Acts, 1913–1927, during the year 1934, was 301. Of this number 107 patients had to be discharged owing to the Special Reports and Certificates required by Section 11 of the Act of 1913 being in such a form that the Board could not properly continue the Order or owing to the non-receipt of the documents; 111 were discharged by the Board of Control and 29 were discharged by the Visitors when reconsidering the cases of patients attaining the age of twenty-one

years (Section 11 (2) (3) ). In the case of fifty-four patients who escaped, the Orders under the Mental Deficiency Acts lapsed because the statutory procedure for their continuance could not be carried out.

We stated in our Annual Report for 1933 that we proposed at a later date to ask Local Authorities to furnish us with reports on the progress of certain patients who had been discharged in that year, in order that the results of the policy involved in dealing with the discharge of mental defectives might be reviewed.

We desire to thank those Local Authorities who were able to furnish informative reports. But in view of the limited number of patients concerning whom information has been received and the short period covered by these reports, we do not propose at this stage to attempt to make statistical deductions or to draw conclusions. It is proposed to ask Local Authorities to send further reports on certain cases at the end of the present year and, in the light of the information received, further consideration will be given to the issues involved.

*Deaths.*—The number of deaths which occurred during 1934 among mentally defective patients in Institutions (excluding Public Assistance Institutions approved under Section 37) and under Guardianship totalled 364, being 1·2 per cent. of the average number of patients resident. Of these deaths, 292 occurred in Certified Institutions, 13 in the State Institution, 5 in Certified Houses, 8 in Approved Homes, and 46 among patients under Guardianship. The chief causes of death were: tuberculosis (all forms) 77 (21·2 per cent. of the total number of deaths), pneumonia (all forms) 73 (20·1 per cent.), heart disease 39 (10·7 per cent.) and epilepsy 38 (10·5 per cent.).

## 7. GENERAL SUBJECTS.

### (a) *Nursing in Institutions for the Mentally Defective.*

In the course of the past year we have made some inquiries into the nursing in Institutions for the Mentally Defective. The returns we have received are not altogether complete and are sometimes ambiguously worded, but the following general conclusions can be drawn.

#### *Qualifications of Nursing Staff.*

In the 67 Institutions where there are more than 100 patients (including 13 approved under Section 37 of the Mental Deficiency Act, 1913) we find that considerably more than half the Matrons are either registered or certificated in mental nursing, or State registered in general nursing and, of these, several are doubly qualified.

Amongst the Assistant Matrons in the same Institutions a rather smaller proportion possess these qualifications.

The pioneer work that has been done in the past, and is still being done, by women holding no technical qualifications is fully recognized, but during the past thirty years the position as regards the professional training of women has completely changed. It would be rare now to find a younger woman capable of maintaining a high standard in the treatment of patients and the training of nurses who has not herself taken advantage of the common opportunities to qualify in mental and general nursing. In making new appointments Committees and Medical Superintendents are, very wisely in our opinion, now generally taking the view that a double training is an essential qualification for the Matron and for nurses holding other responsible posts in the bigger Institutions.

Many of the smaller Institutions and Homes, where the Matron is also the Superintendent, admit low grade patients requiring skilled nursing. Here too we find that a nurse's training helps to maintain the high standard of care essential in such Homes.

But whilst we have stressed the importance of general and mental training we are often impressed in visiting smaller Institutions with the unfortunate position that arises if the Matron has not, in addition, special experience in the needs and methods of training low grade defectives. This is experience which falls outside the scope of general training or, except in rare instances, of the ground covered by those taking the Royal Medico-Psychological Association certificate in a mental hospital. Committees who are not fortunate enough to find a Matron with this particular experience have to consider how knowledge of nursing can be supplemented by the necessary understanding of the aims and methods employed in training low grade children.

### *Recognized Training Schools for Nurses.*

Out of the 67 Institutions with over 100 patients, less than half (30) are recognized by the Royal Medico-Psychological Association as a training school for nurses. These include ten which are also recognized for the State examination. Amongst these recognized Institutions it is of interest to note that seven have between 100 and 200 patients only.

Amongst the 37 Institutions not recognized, nine are Public Assistance Institutions approved under Section 37 of the Mental Deficiency Act ; 21 have between 100 and 200 patients.

Thirty per cent. of the nurses in the recognized Institutions hold the final part of the Royal Medico-Psychological Association certificate, as compared with 5 per cent. in the non-recognized Institutions.

In Institutions recognized as training schools nurses are given the opportunity to gain knowledge and to improve their position—

an undoubted advantage in the recruiting of nurses of a good type. It is only to be expected that a higher standard of efficiency and a more intelligent interest in their work should be shown by nurses in Institutions where their training is systematically provided for and where they are expected to sit for the examinations.

From all points of view the unrecognized Institution is at a disadvantage, and we hope that Managers will be willing to consider whether arrangements should not be made to qualify for recognition as a training school through application to the General Nursing Council or to the Royal Medico-Psychological Association.

### *Nursing of Male Patients by Women.*

In about half the larger Institutions included in our inquiry female nurses are employed in some capacity on the male side. They are employed mainly with boys under sixteen, with the male sick, with low grade helpless patients and with adults unsuitable for adult wards. Occasionally a female nurse is found in charge of a villa for high grade male patients.

When consulted on questions of staffing we advise that children and sick and suitable low grade male adults should be nursed by women, if necessary with male help. Male nurses with general training are hard to find and in our experience these particular branches of the care of defectives are best directed by women. The employment of female nurses with higher grade males must depend upon the particular type of patient ; many defectives, we believe, benefit from the home life and discipline found in a villa where there is female supervision and further developments along these lines in new Colonies will be watched with interest.

### *Ratio of Staff to Patients.*

In Institutions with over 100 patients the commonest ratio of staff to patients is one to six in those recognized as Training Schools, and one to eight in those not recognized.

### *(b) Mental Defect and Crime.*

Last year particulars were given of defectives dealt with in consequence of some criminal act over the triennial period 1931-3. The following statement summarizes the information obtained during 1934.

When the figures for the triennial period 1934-6 have been obtained it is proposed to deal with the subject in greater detail.

The average for the triennial period 1931-3 was 299 ; for 1934 the figure is 334.

TABLE I.

*Number of persons found guilty of criminal offences, dealt with as mentally defective, classified in age groups.*

Age-group.	1931.	1932.	1933.	1934.	Percent- age for 1934.
Under 14 ... ..	11	12	17	21	6·3
14-15 ... ..	31	31	24	40	12·0
16-20 ... ..	139	153	134	162	48·4
21-29 ... ..	83	77	65	80	24·0
30 and over ... ..	42	40	38	31	9·3
	306	313	278	334	100·0

TABLE II.

*Type of Institution or care to which criminal defectives sent, expressed as percentages of the total.*

—	State Institution.	Certified Institution.	Public Assistance Institution.	Guardianship.
1931 ...	6·9	63·8	27·0	2·3
1932 ...	3·8	71·9	20·8	3·5
1933 ...	4·7	80·6	12·2	2·5
1934 ...	4·5	74·1	17·4	4·0

It will be seen from Table II that a slight decrease has taken place this year in the proportion of defectives sent to Certified Institutions. Mental defect rather than viciousness has brought these defectives before the courts. But by the time some culminating criminal act has resulted in the need for immediate control many are at a critical age and have adopted an anti-social attitude which demands care and treatment only to be found in a colony with its full equipment of staff and facilities for training and social activities. The numbers still being sent to Public Assistance Institutions and placed under guardianship show that many Local Authorities, when called upon to find a vacancy for an urgent case coming before the courts, have to fall back upon these admittedly inadequate alternatives owing to lack of colony provision.

TABLE III.

*Percentage of cases dealt with (a) by Courts under Section 8 ; (b) by the Secretary of State under Section 9.*

—	(a)	(b)
1931 ... ..	85	15
1932 ... ..	89	11
1933 ... ..	91	9
1934 ... ..	93	7

TABLE IV.

Percentage of cases of criminal mental defectives (a) previously ascertained by Local Authorities under Section 30 (a) ; (b) previously attending elementary schools ; or (c) previously attending special schools.

—	Previously ascertained.	Previously attending elementary schools.	Previously attending special schools.
1934 ... ..	32·4	71·2	28·8

We have already referred to the decreasing number of children notified by Local Education Authorities to Local Authorities and to the difficult position created by the present state of the law and the standstill in the development of special schools. The above figures show the dangers of delaying the ascertainment and notification of school children. Only 32·4 per cent. of the 334 criminal defectives dealt with in 1934 had been previously ascertained by the Local Authority. There had attended special schools 28·8 per cent. ; the remaining 71·2 per cent. were, or had been, pupils in elementary schools. Under the present state of the law the Local Education Authority has no power to notify feeble-minded children on leaving elementary schools at the age of 14 and action under the Mental Deficiency Act may be delayed until some social lapse after the age of 16. Pending legislation we can only advise Local Authorities to work in informal co-operation with Local Education Authorities in order to provide the continuous care which may prevent criminal acts on the part of defectives during the years of adolescence.

#### 8. STATE INSTITUTION.\*

##### (1) Rampton.

We have received the following report from Dr. Schneider, the Medical Superintendent of the State Institution at Rampton :—

*Admissions.*—Admissions to Rampton during 1934 numbered 79 males and 52 females ; among these there were 8 boys and 6 girls under 16 years of age admitted to the Juvenile Section.

The sources from which these patients were drawn are shown in the following table :—

	Males.	Females.
Certified Institutions ... ..	24	27
Institutions under Section 37 ... ..	14	9
Moss Side State Institution ... ..	10	3
Prisons ... ..	5	1
Courts of Summary Jurisdiction : Section 8 ... ..	9	—
Mental Hospitals ... ..	7	3
Places of Safety ... ..	4	3
Special School ... ..	1	—
Industrial School ... ..	1	—
Own Home ... ..	—	3
On Licence ... ..	4	3
Total admissions ... ..	79	52

\* An institution for defectives of dangerous or violent propensities established and maintained by the Board of Control under the provisions of section 35.

The majority, as usual, came from Certified Institutions and Institutions under Section 37 (38 males and 36 females). Earlier ascertainment and adequate accommodation provided by Local Authorities should eventually bring this proportion (now 74 out of 131) to a much higher level.

There is an increase in the numbers received from prison and the Courts: from prison 5 males and 1 female; under Section 8, 9 males. There were none from Borstal.

The proportion of feeble-minded to imbecile and idiot patients among the admissions was 100 feeble-minded to 22 imbecile and idiot. There were 2 certified as moral defectives.

Twenty-seven males and 10 females were admitted immediately following certification.

*Discharges.*—Nine patients were discharged from Order during the year: 1 male and 2 females being discharged while on licence, while the Orders in respect of 4 males and 2 females lapsed by operation of law.

*Transfers.*—Fifty-one males and 15 females were transferred to Moss Side during the year, 18 males and 24 females (including 2 on licence) to certified institutions, 3 females to approved (Section 37) institutions and 1 of each sex to guardianship from licence.

*Licence.*—Six males and 3 females were granted licence. Four males and 3 females returned to Rampton from licence. One male and 2 females were discharged from licence. One male and 1 female removed to guardianship from licence.

Four males and 3 females were received on licence. One male and 1 female licence at Rampton cancelled—patients to remain at Rampton. Two females on licence returned to their respective institutions.

*Section 16.*—Two males and 1 female were certified under Section 16 of the Mental Deficiency Act, and removed to Mental Hospitals. Two males and 2 females were discharged from Section 16, by operation of law. There are now on our books 4 males and 2 females who are in Mental Hospitals.

*Absconders.*—Eleven patients absconded during 1934; this is the lowest record since our population rose to its present level. Of the 9 males who absconded, 8 were recaptured; 2 females absconded, and both were recaptured. Two absconders were discharged by operation of the law.

*Deaths.*—There were 12 deaths altogether (7 males and 5 females). The causes of death were tuberculosis 2, epilepsy 1, heart disease 3, other diseases 5, accident 1. The death rate was 10·7 per thousand.

*General Health.*—The bodily health of our patients has been very good. We have not been troubled by any epidemics. The low death rate is an indication of the fact that there has been very little serious illness. Regular occupation and plenty of healthy recreation have been important factors in maintaining this high standard of general health.

The regular monthly visits of the Consulting Physician, Ophthalmologist and Aurist have relieved me of any anxiety concerning those conditions which properly lie in the province of the Specialist.

The Dentist paid weekly visits throughout the year. This work is regarded as being of the highest importance and every endeavour is made to treat cases early, before dental caries has made its inroads upon the health of the patient.

*Occupation.*—Since Moss Side opened, one-sixth of the male patients have been transferred there, and a like number admitted to Rampton; this means that roughly 100 new patients have had to be trained here. Yet the employment figure is higher than it has ever been before, and the output from the Workshops remains at the same level.

Most of the work done in the Male Workshops is necessarily of a utilitarian character—repairs and maintenance, and, in some cases, replacement of equipment. But in each shop there is a leaven of artistic work to lighten the ordinary routine. The tinsmiths make, in addition to kitchen utensils, etc., a small number of fancy articles, such as ash-trays and artificial

flowers, out of the copper obtained from condemned hot-water bottles. The concrete party spend most of their time in making kerbs and seat-ends, but while waiting for these to dry in the moulds, they turn their hands to modelling bird-baths and other garden ornaments.

I regard this lighter side of the work as of great value, although it is small in amount, because it keeps the patients' interest from flagging.

The work on the grounds is still progressing. The pitch on the new cricket field was sown in March, and it is expected that the whole ground will be completed in 1935.

Two new female workshops and one new male workshop are to be occupied in 1935, and building began at the end of this year.

On two occasions in this year opportunities occurred for demonstrating the products of the various industries. In April a visit was paid to Rampton by about eighty members of the Royal Medico-Psychological Association ; on that day a representative selection of goods was displayed in the Recreation Hall. In connexion with the Public Health Congress in November, a stall at the Agricultural Hall was devoted to a display of work done at Rampton.

A percussion band has been started in the school. It is doing very well, and the children obviously take a delight in it.

A Lecturer from the County Technical College in Newark has been giving weekly lectures to male patients in the Cedars. The title of these lectures is " Round the World in Forty Minutes " and the object has been to present the general political position to them, and to discuss the situations in the various countries " in the news." Attendance at these lectures is entirely voluntary, but is limited, so far, to the Cedars, our best Villa. The experiment has been a great success. An average of 35 attend the lectures, and most of them take part in the discussion. This course of lectures was started in pursuance of our general policy of bringing the patients as much as possible into contact with the outside world.

A new gymnasium was equipped on the male side, leaving the old gymnasium solely for the female side. The men are exceptionally keen, and have won general admiration for their proficiency and fitness.

The Scouts and Guides are flourishing. Their personnel changes considerably from year to year, because they are recruited from the younger and better-behaved of our patients, and consequently are more likely to be discharged or transferred. In spite of this, the enthusiasm and efficiency remain high.

The female workshops have been kept particularly busy by the large number of orders which resulted from the two exhibitions mentioned above.

The girls who work in the garden now have a small greenhouse in which they have successfully grown tomatoes, pot plants, and many other things. It is a great boon in wet weather, which in previous years necessitated their returning to the wards.

*Staff.*—There has been very little illness among the staff, except for a mild wave of influenza in January.

At the R.M.P.A. Final examination in May, 18 of the female staff and 11 of the male staff passed. Eighteen First Aid Certificates were obtained.

An extra Assistant Matron, who is to act as Home Sister, as well as assisting in the training of Nurses, took up her duties in December.

All games have been well supported. Those members of the staff who now find the more strenuous sports too much for them are casting an approving eye on the Bowling Green, which is looking very fresh and inviting.

The Swimming Bath is always a source of great pleasure in the summer. The Club Committee have decided to set aside a sum of money for the purpose of installing a filtration plant.

The Football Team were unfortunately beaten in the first round of

the Civil Service Cup Competition, but they consoled themselves with local fixtures and determined to bring home the cup next year.

The Hockey Club is to be congratulated on its achievements—especially in encouraging young players.

In their work the staff have been loyal to me and considerate to the patients. I wish to thank them for their support.

(2) Moss Side.

We have received the following report from Dr. Gostwyck, the Medical Superintendent of the State Institution at Moss Side :—

The table below shows the changes which have taken place in the numbers under care during 1934.

	Males.	Females.	Total.
Numbers resident on 1st January, 1934 ...	50	52	102
Add :—			
Admissions ... ..	51	15	66
Return from Licence ... ..	3	3	6
Recaptures ... ..	9	2	11
	113	72	185
Deduct :—			
Licences ... ..	4	7	11
Escapes ... ..	11	2	13
Transfers ... ..	11	10	21
Deaths ... ..	1	—	1
	27	19	46
Numbers resident on 31st December, 1934 ...	86	53	139

In addition there were 7 patients on the books but not resident on the 31st December, 1934.

*Admissions.*—All the patients admitted were transferred from Rampton. They are patients of the more manageable type, selected, as far as possible, in order to be nearer their homes, where they have a better chance of receiving visits from their relatives. Unfortunately many of them took it for granted that their discharge was imminent, and when this did not materialize at the time they themselves fixed, they suffered from a severe disappointment, followed by restlessness and depression.

*Licence.*—Excluding 4 patients who were granted short leave for various reasons, 2 men and 5 women were sent out on licence during the year ; 2 of these—1 of each sex—did not do well and were returned.

*Transfers.*—Ten men and 3 women were transferred to Rampton during the year, 1 man to an approved (Section 37) institution, and 7 women (one of them being on licence at the time) to certified institutions.

*Absconders.*—Eleven men and 2 women absconded during the year. Of these, 2 men are still absent.

An interesting fact in connection with the absconders is that many of the other lads express their disapproval of this conduct in no uncertain terms and on return of the escapees they make efforts to administer summary justice. This seems to be inspired partly by an unfounded belief that

their own discharge or privileges are jeopardized and partly by an improvement in their sense of honour.

*Deaths.*—One male patient died of septicaemia following acute mastoiditis.

*General Health.*—The physical health of the patients has been good. There were few minor ailments, and no epidemics. The visiting Dentist has attended weekly.

*Occupation.*—The male patients are employed mostly on the farm and garden, where they work with enthusiasm, and a few in the workshops.

The women have been well occupied with the usual work in kitchen, laundry and sewing room as well as ordinary housework. Fancy work proves useful in employing those who dislike domestic work.

*Recreations.*—The male patients played cricket and football in season. Besides games among themselves they have had a number of friendly football matches with local teams, playing on our own ground. On several occasions they have visited a team in Maghull.

The female patients prefer to take their pleasures less strenuously, very few can be induced to play in the more active games of tennis, hockey and netball.

The weekly dances and frequent associated whist drives are always well patronized, and indoor games are popular.

*Scouts and Guides.*—A patrol of 6 scouts was formed. The guides number 12. They are enthusiastic and have secured several badges. Both scouts and guides have attended several Church Parades in Maghull Parish Church. During the summer the guides held a sale of their own work, and secured a sum of money for a trip to a local seaside resort.

*The Hostel.*—This is in the grounds of the Institution and has accommodation for 6 women. The number of patients suitable for hostel treatment has decreased in the past year and it has also proved difficult to place out girls to daily work in this district. So far only two girls have been sent out to daily work from the Hostel.

*Farm and Garden.*—Much work has been done in the development of the farm during the year and a good yield of vegetables resulted.

*Staff.*—Two attendants and 7 nurses passed the Preliminary Examination for the Certificate of Nursing Mental Defectives of the Royal Medico-Psychological Association. There were no failures.

I wish to thank the staff for their loyalty and helpful co-operation in the work of the Institution.

## 9. CENTRAL ASSOCIATION FOR MENTAL WELFARE.

The work of the Association undertaken during the year may be divided into three headings.

### (1) Educational Work.

Medical Training Courses organized by the Association this year were attended by 88 Medical Officers.

Advanced and elementary courses have been held for teachers of backward and mentally defective children as well as a course for Supervisors of Occupation Centres and for nurses engaged in the teaching of low-grade children in Certified Institutions. These courses were attended by 151 students.

The Travelling Occupational Organizer has been employed throughout the year with excellent results in Certified Institutions where help is needed in establishing the training on the right lines. This year her services have also been engaged to organize

the occupational treatment of the patients in one of the Licensed Houses under the Lunacy and Mental Treatment Acts. A specialist in speech training is also employed on the staff, whose time has been spent in visiting areas of Local Education Authorities and in lecturing.

The Biennial Conference was held in November jointly with the Public Health Conference at which a wide range of subjects connected with mental health was discussed.

The Association continues to publish the monthly magazine *Mental Welfare*.

### *(2) Organizing Work undertaken for Local Authorities.*

The day training of mental defectives is undertaken by the Association for the County of Middlesex. There are now eight full-time centres and one Craft Class, with the names of 285 defectives on the registers. One hundred and fifty defectives are visited by Home Teachers in their own homes. Two Travelling Teachers for Handicrafts and Physical Training are employed as well as five Home Teachers.

The Guardianship Committee of the Association now has under its care 225 patients sent by Local Authorities from all parts of the country. Three full-time officers are employed and a leisure club has been organized in the centre of the district where most of the girls are boarded out.

The Association has been in communication with Local Authorities regarding two new boarding-out schemes which it is hoped may be established this year, one for patients from Mental Hospitals in South Wales and one in North Eastern England for patients from Mental Hospitals and Certified Institutions. In both cases the Association has offered to provide a trained worker and to organize the work for the Local Authorities over a trial period.

The first of a series of conferences between workers from all over the country engaged in boarding out was arranged in November.

Arrangements were made during the the year for the reception of parties of defectives from Certified Institutions and elsewhere at a Holiday Home at Bognor.

### *(3) Case Work.*

Six hundred and eighty-six new cases have been referred direct to the Association during the year. Many patients are referred to Out-Patient Departments for diagnosis and treatment and the Association works in close co-operation with other social agencies in giving help and advice.

**III.—GENERAL.****1. FINANCE.**

The costing returns for the year ended 31st March, 1934, in respect of County and Borough Mental Hospitals and Certified Institutions for Mental Defectives established and maintained by Local Authorities have been published as a separate document\* and circulated to the Authorities concerned.

These returns set out the average weekly cost per patient in detail under the different heads of expenditure for each Hospital or Institution. The total net cost (excluding capital expenditure defrayed out of revenue) for each of the two groups of institutions as a whole is as follows :—

	Amount.	Average per patient per week.
	£	s. d.
Mental Hospitals ... ..	8,205,729	25 7·1
Certified Institutions ... ..	972,834	28 0·1

**2. PROVISION OF BEDS FOR MENTAL CASES IN GENERAL HOSPITALS. AGREEMENT BETWEEN MIDDLESEX COUNTY COUNCIL AND THE GOVERNORS OF WESTMINSTER HOSPITAL.**

An agreement, which has received the approval of the Board, was made on 17th November last between the Visiting Committee of the Middlesex County Council and the Governors of Westminster Hospital for the provision of accommodation, in the new Westminster Hospital, for voluntary and temporary patients belonging to the County of Middlesex.

Under the terms of the agreement the Governors, in consideration of a grant of £9,500 towards the cost of the erection of their new hospital buildings at Horseferry Road, Westminster, have agreed to provide beds and other necessary accommodation for the reception under the Mental Treatment Act, 1930, of three male and three female voluntary or temporary patients and, for a period of twenty years from the date on which this special accommodation is approved by the Board of Control, to undertake the nursing, maintenance and treatment of such patients—treatment to be in conjunction with one of the medical superintendents of the Middlesex County Mental Hospitals.

We welcome this arrangement which is the first of the kind between a local authority and one of the great teaching hospitals in London. It is a development which the Mental Treatment Act (ss. 1 and 6) was designed to encourage : and we commend

\*Board of Control Costing Returns for the year ended March 31st, 1934.  
H.M. Stationery Office. 9d. net.

it to the attention of the other local authorities in the Metropolis.

That there should be facilities for the treatment of early mental illness in general hospitals is of the utmost value. Its importance lies first in the link which these facilities provide between the general and the special hospital; and when the arrangement is made in the hospital of a Medical School, it is of immense value for teaching purposes.

### 3. PROSECUTIONS.

A prosecution undertaken under our Order resulted in a conviction :—

*R. v. Hilda Margaret Rowe.*—The defendant, a nurse at Bristol Mental Hospital, was on 2nd July, 1934, convicted by the Justices sitting at Bristol of an offence under Section 322 of the Lunacy Act, 1890, and was fined 40s. or 21 days' imprisonment.

Six prosecutions for offences under the Mental Deficiency Act, 1913, which resulted in convictions, were reported to the Board :—

*R. v. John Arthur Doore.*—The defendant was convicted at the Wiltshire assizes on 31st May, 1934, under Section 56, of having carnal knowledge of a mentally defective woman and sentenced to 21 months' imprisonment with hard labour.

*R. v. John Jones.*—The defendant was convicted at Warwick assizes on 6th July, 1934, under Section 56, of having carnal knowledge of a mentally defective woman and sentenced to 7 months' imprisonment with hard labour.

*R. v. George Henry Newton.*—The defendant pleaded guilty to a charge under Section 56, of having carnal knowledge of a mentally defective woman and was sentenced at the Old Bailey on 19th July, 1934, to 12 months' imprisonment in the second division.

*R. v. Jessie Bannister.*—The defendant was, on 31st August, 1934, convicted at the Birmingham Police Court of secreting her son, who had escaped from the Monyhull Colony, a Certified Institution under the Mental Deficiency Act, 1913, and was fined 20s.

*R. v. Charles Bishop.*—The defendant was convicted on 14th November, 1934, at the Manchester assizes under Section 56, of having carnal knowledge of a mentally defective woman and was sentenced to 12 months' imprisonment in the second division.

*R. v. Edgar Guy.*—The defendant was, on 15th November, 1934, charged at the Hampshire assizes with an offence under Section 56. He pleaded guilty and was sentenced to 8 months' imprisonment in the second division.

## 4. INQUIRIES.

*(a) Inquiries into Allegations of Ill-treatment.*

Two inquiries on oath were held during the year into allegations of ill-treatment of patients certified under the Lunacy Acts.

1. H. R., a rate-aided certified patient, 80 years of age, was admitted to Netherne Mental Hospital on 12th July, 1932, and died therein on 25th January, 1934, from senile decay. In November, 1933, the patient, owing to her enfeebled condition, had fallen in her room and, it was believed, had fractured her skull. She appeared to make a good recovery from this condition. The death was probably accelerated by cellulitis of the left hand. In view of allegations made at the inquest by a son of the patient, in regard to lack of precautions taken to prevent injury from falls, and of negligence in failing to notice and to attend to the injury to the hand, we decided to hold an inquiry on oath.

The inquiry was held at the mental hospital on the 5th March, 1934, by two Commissioners and, as certain evidence appeared to require reconsideration, was reopened on the 12th March. The inquiry was attended by a son of the deceased, with his wife, by the Chairman and Vice-Chairman of the Surrey Mental Hospitals Committee, by Counsel representing the Visiting Committee and by the acting Clerk of the Visiting Committee.

After examining the records and hearing the evidence of 16 witnesses, the Commissioners came to the conclusion that the allegations had not been substantiated. They found that there was no evidence that the patient had sustained a fall prior to the night of 16th-17th November, 1933; consequently they considered that no blame attached to the Medical Officer in charge of her case for permitting her to be accommodated on an ordinary hospital bedstead, without special precautions against injury from falls. With regard to the patient's hand, the Commissioners found that the condition on 14th January, 1934, was not serious and that prompt attention was paid to it by the nursing staff on that day and by the responsible Medical Officer on the following morning; that a condition of cellulitis of unknown origin set in on the night of 19th-20th January and that from the latter date to the date of her death the patient received unremitting and skilled medical and nursing care.

2. A. C. P., a private certified patient, was admitted on 29th May, 1934, to The Priory and discharged therefrom, on the authority of the petitioner for the reception order in the case, on the 14th July following. After his discharge he made serious allegations of ill-usage by three male nurses and we decided to hold an inquiry on oath.

The inquiry was held at The Priory on the 29th October, 1934, by two Commissioners, when the complainant gave sworn testimony in regard to his allegations and seven witnesses were

examined. After hearing the evidence and examining the records, the Commissioners came to the conclusion that in no instance was the charge of ill-treatment against the male nurses concerned substantiated.

*(b) Inquiry into the Circumstances attending the Death of a Patient.*

The unusual circumstances attending the death, on the 4th March, 1934, of a rate-aided certified patient (E.T., admitted 7th October, 1915) at the Cheshire County Mental Hospital, Parkside, formed the subject of an inquiry on oath held at the Hospital on the 3rd May, 1934, by two Commissioners.

The patient was 45 years of age and had suffered from frequent epileptic fits since childhood. Her death was the subject of an inquest and the jury found that she had died by misadventure, the cause of death being asphyxia due to prolonged pressure on the upper air passages, resulting from a fall in a fit in the exercise court, whereby her head became wedged between the bars of the boundary railings.

The patient was found dead at about 9.30 a.m., and it could not be elicited at the inquest how she came to be in the court, which was reached through a porch with an outer and an inner door. The jury added a rider recommending that greater care should be exercised in locking the doors of the porch by all members of the staff using that means of access to the Nurses' Home.

The Commissioners inspected the records with regard to the patient and examined 15 witnesses. They were, however, unable to ascertain how the patient got into the court, whether she had been put out by a nurse, or whether she had succeeded in gaining access to the court in consequence of both doors being unlocked. They expressed the opinion that it was undesirable that the porch from the ward should be used as a highway from the Hospital to the Nurses' Home, and it is understood that this practice has now ceased.

*(c) Death of a Patient following a struggle with Male Nurses : Inquiry by Commissioner.*

The death of a patient in the State Institution at Rampton following a struggle with male nurses was the subject of investigation by a Senior Commissioner of the Board at an inquiry held at the Institution on the 24th January last.

The patient, G. A. B., who was admitted to the Institution on 8th April, 1930, when nearly 15 years of age, died on the 23rd December, 1934, from peritonitis following perforation of the small intestine due to an injury received by a fall during the struggle, which took place four days earlier ; a verdict to this effect was returned at the inquest.

It appeared that the patient, who was a particularly violent post-encephalitic and who was often involved in fights with other patients, was interfering with another patient when a nurse intervened; G. A. B. immediately attacked the nurse with a cribbage-board and, in the struggle for possession of this, both fell over a settee. The incident was immediately reported and the patient put to bed and examined by a medical officer. No internal injury involving perforation of the bowel and consequent peritonitis was then, or subsequently, diagnosed, though the patient was examined later in the day by two other members of the medical staff.

As a result of the injury, at which seven patients and eleven members of the medical and nursing staff were interviewed, the Commissioner found that the incident was unavoidable and accidental; that, including its being reported to a medical officer, it was handled with the utmost promptitude and in all respects properly; that it received careful and individual consideration at the hands of three members of the medical staff, two of whom jointly examined the patient and consulted together; and that during the period which intervened between the occurrence and its fatal issue, the patient received good and kindly care at the hands of the nursing staff.

## 5. RESEARCH.

Seventy-four communications including 20 limited to routine laboratory work have been received from the following sources: 62 of the 101 public Mental Hospitals, the Central (London Co.) Pathological Laboratory, 4 of the 13 Registered Hospitals, and 7 Institutions for mental defectives.

*Chronic Infective Processes (Septic Foci, etc.).*—From the laboratory report from Birmingham it appears that macroscopic evidence of chronic infection of the nasal sinuses was found in 55 out of 81 post-mortems. In 33 out of 86 specimens from different cases, organisms or gram-positive filaments were found in the sinuses and adnexa. In connection with Dr. Pickworth's work on a new method of study of the brain capillaries, thick sections were examined from 80 brains and a large number of photographic records made. Dr. Graves calls attention to the amelioration of mental disorder which follows upon treatment of bodily disease disclosed by clinical investigation. This, he says, has been apparent to all in close touch with the patients. He refers to two published cases which illustrate recovery from mental disorder following upon surgical treatment of naso-pharyngeal sepsis, after medicinal measures had failed. From the dental department two groups of cases are given, the first receiving only dental treatment (20), the second such combined with treatment for naso-pharyngeal sepsis (28). Thirty-four of these were discharged. A detailed clinical description is given of

three cases of unerupted wisdom teeth, with or without impaction and infection : in these, removal played a greater or less part in recovery. Dr. Graves describes three cases with suicidal symptoms in which mental recovery followed upon radical treatment of oro-naso-pharyngeal sepsis. Another communication of interest illustrates, by two cases, the association of head-injury, mental disorder and oro-naso-pharyngeal sepsis. Treatment in such cases of the last-named may prove beneficial, notwithstanding the history of trauma. Three cases of post-encephalitis lethargica are described to show persistence of sinus disease over many years and its presence at autopsy. In the ear, nose and throat department, investigation and treatment of diseased conditions have been prosecuted upon the routine lines followed at Birmingham. There were 265 cases. In 33 of these antiseptic irrigation of the cavities explored was considered sufficient ; of the remaining cases, adenoids and nasal polypi were found with other diseased conditions in 14 ; diseased tonsils in 169 (removed in 148), often associated with sinus disease. In 84 of these cases the sinuses only were diseased, singly or in combination. Stress is laid upon the importance of examining the sphenoidal sinuses. The incidence of diseased conditions in these amongst cases examined was nearly 42 per cent. for 1934 (35 per cent. and 46 per cent. for the two preceding years). It is again emphasized that until oro-naso-pharyngeal sepsis has been treated, real progress towards mental and physical recovery is not made. At Warwick an analysis of the treatment of infective nasal sinusitis by operative procedure elicits that schizophrenia and manic depressive states were not benefited but certain confusional states were. This conclusion is in accord with the opinion expressed in the report from Cardiff Mental Hospital last year (referred to in our Annual Report for 1933) to the effect that in toxic-exhaustive psychoses infection of the nasal sinuses and tonsils are comparatively common and frequently causal. Again, in this year's report from St. Andrew's, Northampton, the visiting dental surgeon states his view that there appears to be no scientific proof of the relationship of infection of the teeth to the psychoses, except in a few confusional cases. At St. Andrew's, stereoscopic X-raying of the head has been carried out on all admissions with a view to discovery of sinus infection. No instance was detected. In a report from Chartham (Kent) by the Visiting Surgeon of the ear, nose and throat department, the view is expressed that it is difficult to decide whether or not a discovered pathological feature should be treated.

*Tuberculin Tests : Tuberculosis.*—The study at Cardiff of tuberculosis in the psychoses, to which reference was made in our Report for 1933, is being continued. The Mantoux test is carried out as a routine on recent admissions, to ascertain whether there is hypersensitivity to tubercle in mental disorder, particularly schizophrenia. This is supplemented by various blood

tests and by radiograms of the chest in the case of chronic schizophrenics, also by culture and inoculation of guinea-pigs. At Wadsley, Sheffield, it is found that the examination of fæces for *b. tuberculosis* is invaluable in the diagnosis of pulmonary tubercle. Many patients, it is recalled, swallow their sputum. Of 41 with positive results in the fæces the sputum was positive in 9, negative in 8, and in 24 not obtained or unobtainable. This is a statement of unusual interest. At Long-Grove, in pursuance of an investigation begun at the Maudsley Hospital in 1933 in respect to the alleged tuberculous or toxic ætiology of dementia præcox, intradermic inoculations were carried out in 60 non-phthisical early cases and controls. Graduated dilutions of tuberculin and *b. coli* toxin were used. Almost 100 per cent. gave positive non-specific re-actions to the latter. No definite difference was found between cases of dementia præcox and controls in respect to tuberculin. At Norfolk the blood and cerebro-spinal fluid of 25 cases of dementia præcox have been investigated by the method of Lowenstein for tubercle bacilli. Each patient was examined three times, but with negative result.

*Dysentery, Enteric, etc.*—Reports have been received from 16 institutions ; 9 on dysentery, one on enteric and 6 on both. At Wakefield, 12 cases of dysentery occurred (Flexner V & Z). Experimental investigations are in progress with mice with a view to determining the value of vaccines prepared from the Flexner type of organism usually isolated from dysentery cases. At Macclesfield the sera of 133 new admissions were examined for agglutination of organisms of the typhoid group and of *b. dysenteriae* Flexner Y. With the former, agglutination was obtained in a dilution of 1 in 40 or over in 10·9 per cent., with the latter in dilutions of 1 in 80 and over in 24·1 per cent. The significance of these results is not apparent without information as to the findings in an average sample of the population, or in general hospital admissions of similar age-periods. At Dorset, where there were two cases of typhoid, both had been in contact with carriers, but had been previously inoculated, at what date is not stated. Here there were 16 fresh cases of dysentery (*b. Flexner Z* in each). From Brentwood a report is submitted describing an investigation undertaken as part of a scheme for eradicating endemic dysentery. The full technique is described, the essential point being that, instead of removing fæcal material, a smear is taken from the lining of the rectum and transferred to the culture-tube, whereby the likelihood of obtaining dysentery organisms in a vigorous state is greatly enhanced. During 1933 and 1934 dysentery bacilli were isolated from rectal swabs in 94 patients, almost entirely of Flexner Z type. It is not clear what percentage of patients examined gave these positive results. From Salop an interesting report is submitted on “ Phagelysed cultures in the treatment of Dysentery (Flexner) and Paratyphoid

B. carriers." The present conclusion is that further research is likely to be well worth while. At Bristol the routine inoculation of new admissions against dysentery, referred to in our last Report, has been continued. The number dealt with was 282 during 1934. The result is stated to be again most gratifying. Only one case was notified of uncertain type. At Caterham, where 15 fresh cases of dysentery occurred, all contacts are inoculated with stock vaccine obtained from previous cases. This has usually proved sufficient to prevent spread. From the reports furnished about dysentery the preponderance of Flexner types of organisms is apparent.

*Neuro-Syphilis (including General Paralysis). Examination of Blood-Serum and Cerebro-Spinal Fluid in Syphilitics and Non-Syphilitics.*—Statements have been received from 16 Institutions. At Storthes Hall the Meinicke Clarification Reaction—an easily performed test—was found to give agreement with the Wassermann in serum in nearly 99 per cent. of 229 admissions. At Long-Grove 4,000 sera have been examined by the Meinicke Macro-Clarification Reaction. Agreement with the Wassermann in all types of cases has been shown. Reference is also made to other points brought out, but no details have been communicated to us, neither is there a reference to publication. At Hereford the same test continues to be used on new admissions. Of 35 males 14.3 per cent., of 45 females 8.9 per cent., were positive: whether any of these admissions were neuro-syphilitics is not stated: the routine examination of the cerebro-spinal fluid of new admissions has been instituted. At Winwick the Presumptive Kahn Test proved in a large series of cases to be practically as good an exclusion-test with serum as the Micro-Meinicke. With the cerebro-spinal fluid the Routine Kahn gave a sensitivity of 88.5 per cent. in 200 cases against only 70 per cent. by the Wassermann in the same. At Macclesfield, of the new admissions 17.46 per cent. of the males and 2 per cent. of the females were found to have a positive Wassermann in the serum. Whether any of these admissions were neuro-syphilitics is not stated. At Hants (Fareham) all new admissions are now Wassermann-tested. At Herts (St. Albans) experience of the Kahn test is that it is not sufficiently reliable to substitute for the Wassermann. At Norfolk the bromide-content of blood has been examined in all male admissions by the colorimetric method of H. Tod (*Journal of Mental Science*, April, 1933). No definite relationship to the type of case was found. This matter of blood-bromine value is dealt with more fully under the heading "Biochemistry." At East Sussex the Kahn flocculation test is used concurrently with the Wassermann, and close agreement is found. It is considered that the concordance of these tests is of much greater value than one alone. At Bristol, following routine, the Wassermann test has been performed on all new admissions, presumably on the serum. The incidence of positive findings corresponds

closely with that of previous years. Excluding cases of general paralysis, the incidence of syphilis is 6.2 per cent. in male, 7.4 per cent. in female admissions. Syphilis in these appears to be merely a coincident infection. At Derby Borough 72 per cent. of the admissions giving a positive serum reaction were syphilitics (general paralytics, except one). At Leicester City the direct admissions are examined by the Wassermann in the blood: the incidence rate for syphilis in 172 was 16.6 per cent. for males, 5.3 per cent. for females. General paralysis was diagnosed in 9 of these. At Nottingham City the Kahn test in serum and cerebro-spinal fluid is done with the Wassermann as a routine in all new admissions. At Caterham the cerebro-spinal fluid of 2,000 mental defectives of both sexes and all grades and ages were examined by the usual methods. Abnormality (positive Wassermann, cell or globulin excess, etc.) amounted to 2.7 per cent., in accordance with which small proportion the positive results with the various reactions (Wassermann, cell and globulin excess, etc.) were very low. The incidence of hereditary syphilis in adult mental defectives is given as 4.9 per cent. on the material examined. Only 23.9 per cent. of congenital syphilitics had abnormal cerebro-spinal fluids. Fifty-three of 54 mongolians had normal fluids. At the Royal Eastern Counties' Institution, Colchester, the Wassermann reaction is found unreliable in many instances in determining whether a case is one of congenital syphilis. Patients are being re-examined by the Presumptive Kahn Test. From Birmingham a summary is submitted of the results of examination of the blood and cerebro-spinal fluid in 423 cases of mental disorder of several kinds, admitted between 1920 and 1935.

*Neurological States. Morbid Anatomy and Histology.*—In a report from Stafford County (Stafford) Dr. Shaw refers to a subject which has interested various workers in mental hospitals for many years, viz., the state of the kidneys in psychotic patients. He has found a really healthy kidney but seldom at autopsy. Of 242 direct admissions in the year, albumen was present in varying degree in the urine in 109 (45 per cent.), and the condition was more or less persistent (recurring) in 70 per cent. of these. A table arranged in ten-yearly periods according to age (15–75 plus) shows the albuminuric condition to be fairly evenly distributed as regards incidence throughout these periods. It is, we believe, seldom that work dealing with the renal condition in mental hospital autopsies appears, and the matter still awaits full investigation. The report further emphasizes the marked differences exhibited by the liver, kidneys and supra-renals in mental hospital autopsies from conditions found in healthy subjects, such as material available during the war. The “almost constant fatty and exhausted livers” seen in the former are considered to furnish evidence of strain and failure in detoxication, with resulting effects upon other tissues. This observation regarding the liver lays emphasis upon the need for

full investigation of other organs, in addition to the kidneys, primarily referred to. At Barnwood House, in a patient of the schizophrenic type, with recurrent attacks of excitement, the following conditions occur in the attacks: increased pulse-rate, raised blood-pressure, increased chloride output, dilated pupils, glycosuria. These are ascribed to "sympathetic stimulation." Acetylcholin is found to abort these attacks, and quinine hydrobromide to act as a sedative. At Napsbury, pellagra occurred in a female patient, aged 41, a case of mania. The skin condition practically healed after treatment. Death occurred from lobar pneumonia. Slight cord-changes (this is the point of interest) consistent with pellagra, were found, affecting the ganglion cells degenerative in kind. There were no signs of cord-involvement during life. At Shenley, in the case of a female epileptic, aged 17 years, dying in status epilepticus, the only finding was an acute fatty change in the liver. This, again, is of interest in view of our remarks above. In the case of idiopathic epilepsy at Middlesex (Napsbury) death occurred suddenly at the age of 24, and acute fatty change was found in the liver. At Oxford, microscopical examination of brain-sections of some confusional cases, particularly with a previous history of influenza, showed features strongly reminiscent of encephalitis lethargica, as distinct from influenzal encephalitis.

*Therapy.*—Allowing for the remarkable improvement which malarial inoculation can produce in general paralysis, it is clear that the essential information required concerns the quality of the remission obtained, as regards the mental and physical condition, and its duration. Without a follow-up system, reports on this (and other) treatment have a very limited value. We trust that due regard may be had to this point. Reports upon malarial or other treatment of general paralysis, or statements that treatment is being given, have been received from 15 institutions. At Devon (Exminster) 8 cases have been treated during the year by induced malaria. The total number is 79, of whom 32 have been discharged (recovery rate, 40 per cent.). Of these four have returned to hospital. Twenty-six patients so treated, discharged or transferred up to the end of 1933, were written to, and replies were received regarding 23. Twenty-two were still alive, of whom 15 had continued to improve mentally, 12 were in good physical health. The mental condition of five was stationary, in two it was deteriorating. Ten were in regular employment. Of 79 patients treated during the past 10 years, 54 survive (several in the hospital), or 68 per cent., whereas before malarial treatment was introduced, 100 per cent. were dead in three years or less from the date of admission. At Dorset, general paralysis has been treated with tryparsamide and pyrifur: more experience is required, but the present opinion is that these two drugs in combination give a "30–35 per cent. good remission rate," without the risk attached to malaria. Obviously, all depends on what is meant by the statement cited, as regards quality and

duration of remission. The percentage is high. There is, we think, no doubt that malaria continues to hold the field as the best mode of treatment. This has now been introduced at Glamorgan. At Shenley (Middlesex) pyrifera (intravenously) is being tried. The results in general paralysis are encouraging. This remedy was also tried at Notts County upon 5 cases, 3 of which became well enough to be discharged: the other 2 show considerable improvement. It is possible that debilitated patients can be so treated when malarial inoculation would be dangerous. At Stafford (Burntwood) one patient treated with pyrifera had almost recovered by the close of the year. At Warwick, treatment of general paralysis has been standardized, the particular features being that N.A.B. and Bismuth are given twice weekly for five weeks, each injection being preceded by one ounce of liver extract and the same of glucose orally, as protection for the liver. Malarial treatment follows and thereafter intensive iron therapy. At Bristol, we are pleased to learn, periodic examination of malaria treated discharged cases is undertaken. At Leicester City, since this treatment was introduced in 1924, 109 patients have been dealt with: 22.9 per cent. were discharged, 6.4 per cent. improved, 18.4 per cent. unimproved, 52.3 per cent. died. In 10 instances death was associated with the treatment.

With reference to treatment of other conditions: in the report from Cardiff the subject of prolonged narcosis is dealt with, the great lack of uniformity in technique and diversity of opinion as to efficacy being commented on. In a previous communication (referred to in our Report for 1933) a method devised at Cardiff, whereby toxic symptoms can be eliminated by the use of glucose and insulin, was described. The present reference is to therapeutic results in 107 mixed cases of mental disorder (128 treatments), somnifaine being used in all with the exception of a few cases treated by veronal and dial. The technique was as above mentioned. In schizophrenia the best results were obtained in depressed cases, the least satisfactory in catatonic stupor. In manic-depressive cases 37.7 per cent. are said to have recovered directly as a result of the treatment, the duration of illness being only 10-14 days. Maniacal states are more favourable to treat than melancholic. Of the psycho-neuroses, anxiety-states in particular showed satisfactory response, 5 out of 7 recovering. Experience at Dorset of somnifaine, with due precautions, including glucose and insulin, was not satisfactory. In view of Cardiff experience we hope the reasons will be inquired into. Pyrexia and pulmonary complications were frequent. Mental improvement was very marked, but the procedure is considered too dangerous for routine use. At Shenley, 10 cases were similarly treated: in 3, treatment was stopped owing to pyrexia; there was some improvement in one-half the cases. Somnifaine has also been employed at Nottingham City, 33 courses of from two to three weeks having been given, 10 with insulin and glucose, the remainder without. The results are not specifically recorded.

Reference is made to the curative effects of somnifaine in recent psychoses and to its value in turbulent cases. From Devon (Exminster) Dr. Eager sends a report upon the value of certain hypnotics, based upon observations by himself and Dr. Fisher. He is of opinion that paraldehyde, the valuable qualities of which are recognized, is used without due regard to the consideration that it is a bronchial irritant. In senile cases it is thought to be more scientific to prescribe alcohol in medicinal doses. In these also, sulfonal and didial are beneficial. In younger cases, quadronax and nembutal are useful substitutes for paraldehyde. No ill consequences have followed the liberal use of the barbiturates under proper supervision and this, we believe, is the prevailing opinion. "Pheno-barbital soluble," a British equivalent of luminal, is now being used with equally good results, and is very much cheaper. At Dorset it has been found that manganese chloride intravenously appears to mitigate catatonic symptoms in schizophrenia. The rationale of this treatment, and details, would be of interest.

At Glamorgan, sulphur-therapy is being tried in both early and advanced schizophrenia, and a report will be made in due course. To the best of our knowledge, the fairly wide experience of this treatment in such cases has not been encouraging. Twelve cases of amenorrhoea (no particulars have been furnished about these) were treated with anterior pituitary (later ovarian) and corpus luteum extracts. All were under 30 years of age. Menstruation was restored in 6, of whom 5 left recovered: of the remaining 6, one was discharged recovered, and another was relieved, notwithstanding that menstruation was not restored. Apart from the doubts associated with the composition of these extracts, and the largely empirical nature of this kind of treatment, we are of opinion that recorded experience goes to show that there is no correlation between recovery of mental health and restoration of the menstrual function. A patient exhibiting confusion with hallucinations was found to be suffering from pernicious anæmia. Placed on liver-therapy, he was discharged shortly after commencement of this treatment, recovered in mind and physically robust and healthy. A similar case is reported from Lincoln, a patient with delusions of poisoning, suffering from pernicious anæmia. He was treated with liver by mouth and became clear mentally, with physical improvement. Two cases of psychoses associated with pernicious anæmia were dealt with at Warwick: they suggest that mental changes are not specific, which is to be expected. At Norfolk, auto-hæmo-therapy was tried in 5 recent cases diagnosed as dementia præcox. Two (respectively, paranoidal and hebephrenic) have been discharged much improved. At Notts County results were disappointing in 7 cases of this disorder treated with pyrifur. At Nottingham City, pyrifur was given in four instances (various mental states); one confusional case was discharged. At Newport (Mon.) sodium chloride and magnesium sulphate intravenously in epileptics,

with the object of promoting osmosis and dehydrating the tissues, had little if any effect upon the fits or mental state. Whether the rationale of this treatment has, in fact, foundation is, we think, quite undetermined. It is stated to be feasible to reduce the number of seizures in status epilepticus with either of these drugs. At Nottingham City, Rutonal was given in 6 grain doses daily during the year to 11 epileptics: in these, bromide and gardenal, alone or combined, had been of no benefit. Three patients, two violent and dangerous, one confused and demented, became quiet, sociable and willing. The change was striking. Five others showed definite improvement: the fits decreased. The results obtained in five cases of involutional melancholia with "photodyn" were less favourable than those reported in American literature in this type of case. At St. Andrew's, artificial sunlight, diathermy, radiant heat and high frequency have been employed. Electrical treatment is considered to be of value in illness associated with mental disorder, raising the physical resistance in the debilitated. The prolonged immersion bath is found by far the most effective means of controlling restlessness. Turkish and Russian baths are most helpful in treating depressed cases. At this hospital evipan anæsthesia is highly recommended: the technique of Abel and James has been closely followed. It is useful in dental and minor surgical work and for X-ray examinations in non-co-operative cases. The ease of its administration counteracts the fears and suspicions of the psychotic. At Bethlem an attempt is being made to treat cerebral œdema, which it is considered, if successful, will open up a hopeful aspect of treatment. At Devon (Exminster) 53 patients received ultra-violet light treatment. Over 50 per cent. are considered to have benefited physically but less than 10 per cent. mentally.

*Genetics, History, After-History.*—Under this heading, the importance of which is apparent, we regret to have received only two reports, neither of which is from a mental hospital. At the Royal Eastern Counties' Institution, Colchester, investigation into the families of patients (referred to in our last Report), taken at random, has now resulted in the compilation of 800 histories. Amongst a list of publications by Dr. L. S. Penrose, of the nature of which a brief summary is given, we observe one dealing with the relative ætiological importance of birth-order and maternal age in mongolism. The conclusion reached is that this condition is dependent upon maternal age and not upon birth-order. It is not probable that ætiological significance is attributable to birth-order. Neither does the long interval which sometimes precedes the birth of an affected child appear to be of causal significance. In another publication, "The Inheritance of Mental Ability," patients were grouped into severe and mild cases and their relatives tested by standard intelligence tests. The relatives of the severe cases were on the whole the more intelligent, and amongst them was a marked incidence of con-

sanguinity. Lastly, two cases of phenylpyruvic amentia (an inherited recessive disorder of metabolism) are being studied in collaboration with Dr. J. H. Quastel (of the Biochemical Laboratory, Cardiff) in order to investigate the possibility of correcting the disorder. At Stoke Park Colony, observation of unselected consecutive admissions of certified defectives are in progress, physical and psychological measurements being made, examinations conducted by various specialists, and the family and social background are being studied. Up to date, 400 cases have been dealt with : the group is ultimately to comprise 700 to 800.

*Biochemistry.*—In a report from the Biochemical Laboratory, Cardiff, after reference to work briefly summarized in previous reports upon the inhibitory effect on respiration in the central nervous system of narcotics and basic amines, it is noted that the physiologically-important amine, histamine, has no such effect. Dr. J. H. Quastel and Mr. J. H. M. Wheatley have investigated the important point as to whether the inhibitory effect is reversible, and not merely due to an irreversible toxic action on the nerve cells. They make it clear that reversibility does occur. These studies at Cardiff of the inhibitory action of various amines on respiration in the nervous system, indicating as they do the possibility of the production through the circulation of abnormal mental states by these substances, lead on to the study of their detoxication : primarily the question of oxidation of fatty acids in the liver naturally arises. Contrary to expectation, in view of clinical evidence, it is found that neither glycogen nor glucose has anti-ketogenic effects on liver *in vitro*. It has further been found that vitamin C (ascorbic acid), added to liver tissue, plays a significant part in promoting oxidation of fatty acids by the liver. Research by Drs. T. J. Hennelly and E. D. Yates had for its purpose the checking of the statements of Zondek and Bier as to the normal blood-bromine value and the existence of values 40–60 per cent. lower (generally) in manic-depressive psychoses. The technique used by Hennelly and Yates is fully described in a recent paper. They found the normal values to extend over a rather larger range than that given by Zondek and Bier, and were unable to confirm the claim of Zondek and other workers that there is correlation between the degree to which bromine is retained in the blood and the mental state of the patient. At Claybury work is complete or in progress upon blood-calcium in epileptics and psychotics, the basal metabolic rate in psychotics, and upon blood-sugar curves in them—this last from the point of view of prognostic value. Many workers at home and abroad have recorded their results in respect of the first-named subject ; where these have not been negative, no uniform or significant facts have, as far as we are aware, been ascertained. In regard to the basal metabolic rate, there is much scepticism as to the feasibility, in the first place, of determining this with reliability in psychotics. On the other hand, some workers have recorded

results which they were evidently satisfied were reliable. The matter is in need of more thorough investigation ; which observation also applies to the case of the prognostic value of blood-sugar curves, especially in affective disorders. This relationship was, we believe, first reported some two years' since from the Cardiff Mental Hospital, and aroused much interest at the time. It is strange and unfortunate that a mass of experience has not by now been put on record upon this interesting and practical point. In a quantitative estimation of phenylpyruvic acid in the blood (30 different cases) at Oxford County and City, the values obtained were not very suggestive as compared with those in normal blood. Catatonic cases appeared to show a slight increase and therefore the investigation is being continued. From a note upon the cholesterol-content of blood in various mental states—an investigation which has been continued (see our Report for 1933)—the following is to be gathered. Normally, 60 per cent. of total cholesterol is said to be in the form of ester ; most figures of cases examined at Stafford are under 45 per cent. and 30 per cent. is quite usual. Apart from clinical classification, the percentage of ester in plasma to total blood-cholesterol seems to have a bearing on prognosis. If under 20 per cent. the outlook is definitely unfavourable. Whether or not the cholesterol-content of blood has any significance in mental disorders is, we believe, a point still quite undetermined. It is useful to note, as a report from St. Andrew's informs us—where over 100 patients have been examined (214 estimations)—that evidence accumulates to show that the age factor requires to be considered in any interpretation of variation in the cholesterol-content of blood. At Bristol an investigation is in hand concerning calcium-metabolism in epilepsy. Fourteen cases have been examined, but no evidence of gross departure from the normal has been obtained. At Bethlem Royal Hospital the albumen “ globulin ratio ” has been observed in a series of cases, and a new method worked out, which is on trial, for measuring the protein-constituent of the cerebro-spinal fluid.

*Out-patient Clinics.*—We have received very little information concerning patients attending these clinics, and look for fuller contributions, under the belief that experience of interest and value must be steadily accruing from this important field of work. From the Isle of Wight it is reported that “ Mental Welfare Clinics ” are held at Newport, Ryde Hospital, and the mental hospital. Two-thirds of the voluntary admissions to the hospital have been received through the clinic. Children up to 16 years constitute a difficulty there. Practically all juvenile offenders are now referred before or after trial to it. The establishment of a Child Guidance Clinic is in mind. From the out-patient clinic, at Leicester City, 23 cases were admitted voluntarily to the hospital. Of the 57 new cases seen, 19 were classed under psychoneuroses, 10 under mania-melancholia and 8 under schizophrenia, and the remainder distributed over different disorders.

*Miscellaneous.*—The distribution of bromide, after suitable dosage, between serum and cerebro-spinal fluid, as an index of permeability of the blood-liquor barrier, has been further studied at Cardiff by Drs. R. Ström-Olsen and E. D. Yates, the latter from the biochemical laboratory (see our Report for 1933), with a modification of Walther's colorimetric method, the distribution-ratio being measured in 43 psychotics with symptoms of toxic origin. The ratio was found to be lowered in the majority of cases. Clinical improvement was paralleled by an approximation of the ratio towards normal. Other studies include chronaxia in catatonia (Drs. S. L. Last and Ström-Olsen) and the arithmetical faculties in dementia (Dr. S. L. Last). A communication from Storthes Hall (Dr. D. K. Bruce) deals with the enumeration of blood-platelets in mental disorder. It is stated that in toxic conditions (e.g., acute infections, pneumonia) there is a very definite measure of agreement that the number of the platelets falls in acute stages, tends to increase during convalescence, and gradually falls to normal. The suggestion is that the platelets have a function in elimination of foreign bodies from blood, or assist in establishing immunity. In three cases of mania and four of acute melancholia examined under standard conditions the changes in the number of the platelets were in accord with those cited above. In a case of manic-depressive insanity the platelet count was diminished during relapse and normal during remission. These changes were not found in cases of primary dementia, senile and secondary dementia, confusional insanity, chronic mania and melancholia. One would rather have expected changes in confusional insanity. It is considered a reasonable assumption that in the cases which showed platelet-fluctuation during the acute stage of illness a toxic ætiological factor was present. The subject is of interest and, we believe, novel in its application to psychiatry, with which it establishes contact just where this branch of medicine has what is probably its strongest pathological link with general medicine : we refer to possible toxic pathogenesis. From Banstead Dr. J. B. S. Lewis presents a summary and conclusions from a thesis for the M.D. degree of Cambridge University. This dealt with the psychoses of child-birth (100 cases). It appears that 50 per cent. occurred in primiparal : the recovery rate in the three groups (pregnancy, puerperism, lactation) was respectively 53 per cent., 55·4 per cent., 77·7 per cent. This result in particular needs confirmation, we think, on the basis of more abundant material. The post-mortem findings in fatal cases suggest correlation between the psychoses of child-birth and renal disease. But on this point we would refer to the observation from Stafford, under the heading "Neurological states : Morbid Anatomy and Histology." Renal disease is found in many psychotics post-mortem. The degree of acuteness is another matter. At Ewell two investigations are in hand : (1) an analysis of the first 200 cases admitted on a voluntary basis ; (2) studies of the blood-volume in schizophrenia. At

Lincoln (Bracebridge) in connection with an outbreak of scarlet fever of mild type (16 nurses, 26 patients), large numbers of patients and all the staff who gave a Dick-positive reaction received weekly doses of prophylactic toxin. No one who had received the full dosage contracted the fever. At Colchester, where an epidemic of the same disease occurred, 795 patients of all ages and grades of mental defect were Dick-tested : 22 per cent. gave a positive reaction. This is stated to be comparable with the results in an average normal community. Of 25 mongols 64 per cent. were found to be positive. This is thought to confirm from a new point of view the belief that mongols are more susceptible to infection than the average defective. From Napsbury eight deaths from carcinoma are reported : in two it is thought that the mental symptoms were perhaps associated with the disease. In the first, a female aged 66, a case of melancholia, the growth was in the cæcum ; in the second, in the stomach involving the pancreas. In an epileptic, aged 30, and without localizing symptoms, a fibro-blastoma was found in the falx cerebri. Research is in progress upon the ætiology and pathology of acrocyanosis, an inquiry long overdue in our opinion. At East Sussex research is in progress upon *b. coli* infection of the renal system, its effect upon renal efficiency and possible effect upon the mental state. The gastric mucosa in a "fair" proportion of mental patients is found to show "almost complete atrophy." This is considered to furnish a line of research. The observation is new to us. It is interesting to note that it has been thought worth while at Warwick to inquire into the incidence of anæmia in mental disorders and its possible relation to gastric function. And in the report from St. Andrew's an abstract of a communication to appear in the *Journal of Mental Science* deals with achlorhydria in 300 psychotics. The conclusion is that this does not occur oftener in the insane than in the sane. The communication will contain a reference to the different forms of anæmia associated with achlorhydria ; and other relative incidence. The report from Stafford, noted above, draws attention to marked differences in various organs at autopsy in the insane from conditions found in healthy subjects. This wider point of view is, we think, the one to bear in mind, and to allow to act as a stimulus to research. We apprehend that the matter of healthy contacts constitutes a main hindrance, and this may partly account for what appears to be a strange absence of information. The mind's eye, surveying the comparative field of anatomy and histology from the pineal, parathyroids and pituitary on the one hand, to the liver on the other, in the insane as against the sane, meets with exceedingly few landmarks of knowledge. From Royal Bethlem Hospital we are informed that at last year's Annual Meeting of the British Medical Association an exhibition of specimens, photographs and charts was arranged from the hospital. An investigation has been conducted into "Salivary in relation to Endocrine Activity" : no details are given. Work

is in progress on the reticulo-endothelial system. From St. Andrew's an interesting case is described as a basis for discussing the possible association of tumour of the parathyroid with symptoms of depression, and the difficulties of diagnosis of tumours of these glands.

Four cases with autopsies are recorded at length to illustrate the difficulties of diagnosis of physical disease in the insane in the absence of symptoms and signs. These difficulties are notorious ; if we may enunciate an aphorism, the sane mislead positively, the insane negatively. Dr. B. M. F. Bond (St. Andrew's), communicates a report upon the effect of prolonged administration of barbiturates (medinal, dial) upon the Van den Bergh (indirect) reaction. The positive results obtained in patients who had been on the drugs for prolonged periods, as compared with controls, are considered as evidence that at least one function of the liver may be deranged as a result of prolonged administration. This may be so, but it is satisfactory to note that it is proposed to carry out further liver-function tests on the cases which gave positive results. Dr. S. P. James, F.R.S., reports upon anti-malarial chemo-therapeutic tests carried out at Exminster, as in the two preceding years (see our Report for 1933) in collaboration with Dr. R. Eager, on behalf of the Chemotherapy Committee of the Medical Research Council. The chief object of the trials was to ascertain if any of the new synthetic anti-malarial preparations is effective for the purpose of true causal prophylaxis ; by which is meant the prevention of malaria by radical destruction of the organisms injected by infected mosquitoes before they begin their developmental cycle in the human host. By the end of 1933, a sufficient number of trials of atebrin and plasmoquine in comparison with quinine, for the prevention of benign tertian malaria (*P. Vivax*) had been made, and the cases had been observed during a sufficiently long period to warrant a definite conclusion being deduced. This was stated in the last Annual Report of the hospital. The next step was to conduct similar trials in which mosquitoes were infected with malignant tertian (*P. falciparum*) instead of with benign tertian. The outcome of these trials is set out in tabular form. The conclusion which emerges is that quinine, even when given in curative doses during the incubation-period of an infection due to *P. falciparum*, has no action in preventing the onset of the malarial attack, but that both atebrin and plasmoquine are very effective for that purpose. Atebrin does not cause the secondary symptoms which may follow the use of plasmoquine. The same results were obtained, using the benign tertian parasite, when the three drugs were given in larger doses for a shorter period. The liability of benign tertian to relapse requires that a period of 6-8 months from infection be allowed before stating the final result. From Bentry Colony, Dr. Rudolf sends a summary of a communication to the *Proceedings of the Royal Society of Medicine* (xxvii, 1742, Oct. 1934) upon the behaviour

of adult mental defectives in relation to the granting of graded privileges. Two blocks, respectively of 37 and 16 patients, are managed by their inhabitants. A Committee selected from amongst them is responsible for management, condition and behaviour in each. A member of the staff visits twice daily. During the remainder of the 24 hours the patients are left to themselves, except for irregular inspection. Every reported act of misbehaviour is investigated. The behaviour is improving: taking the more serious items—assault, theft, destruction, cruelty, attempts to escape—a definite improvement is apparent. A report from Caterham deals with a primitive catatonic psychosis in idiots (catalepsy, hyperkinesis, emotional dissociation). At the Fountain (London County Mental Hospital) active immunization of the patients and staff against diphtheria, begun in 1933, continued. An orthopædic clinic has been established, a consulting orthopædic surgeon visiting as required, and a masseuse is attached. Besides the correction of deformities the clinic is expected to prove useful in training children in walking and muscular co-ordination.

Among publications we note one in which an imbecile, aged 7 years (tuberous sclerosis) died in coma following convulsions. At autopsy an enormous intraventricular tumour was found which had been symptomless until a few hours before death. At Stoke Park Colony research is entirely connected with the Burden Mental Research Trust. The main effort has been directed to the mental survey of a complete child population; mental testing is to be concerned with all children living within a given area on a given date and who were born on a given date, between 10 and 13 years before. The total number dealt with will be about 3,400. Testing consists of group and individual tests. Physical measurements are also being made. On the basis of these tests samples will be chosen for individual study. Information should accrue mainly regarding factors affecting mentality in general and regarding the dull and backward, borderline and feeble-minded.

By Order of the Board,

(Signed) L. G. BROCK,  
*Chairman.*

(Signed) P. BARTER,  
*Secretary.*

Caxton House West,  
London, S.W.1.  
June, 1935.

## APPENDIX.

*Circular No. 805.**January, 1935.*

## MENTAL TREATMENT ACT, 1930.

## TEMPORARY TREATMENT.

As your Committee will no doubt have seen in the Annual Report of the Board of Control for 1933, they are much concerned at the very limited use which is made of temporary treatment under the provisions of Section 5 of the Mental Treatment Act, 1930, in the case of rate-aided patients. The Board recognize that non-volitional patients form a relatively small proportion of the total admissions, though recent test inquiries suggest that the proportion is, in fact, higher than it was originally estimated to be. But, while the proportion of patients eligible for temporary treatment is limited, the aggregate number is considerably over 3,000 a year as compared with an actual admission rate which has not yet exceeded 300. Experience up to the present indicates that only about one-fifth of the patients admitted on a temporary basis have ultimately been certified, and this means that, in round figures, 2,400 patients a year are being dealt with under certificates who might have had the benefit of treatment without certification.

It is realized that some time must of necessity elapse before all those concerned can familiarize themselves with the technicalities and the possibilities of a new procedure of this kind ; but the Mental Treatment Act came into force nearly four years ago and the rate of increase in the number of rate-aided temporary patients is disappointingly slow. The Board trust that they may count on the co-operation of your Committee in taking active steps to ensure that all who are eligible for treatment on a temporary basis shall enjoy the advantages which the legislature intended them to have.

From inquiries which the Board have made, it would appear that there are two main factors which have contributed to the failure to make adequate use of the new provisions. One factor is the tendency of relieving officers (who have generally been appointed "authorized officers") to adhere to the procedure of certification, with which they are thoroughly familiar, in preference to adopting a new and somewhat more complicated procedure. The Board are confident, however, that both Public Assistance Committees and their officers are anxious to do what is best in the interests of the patients ; and, in order to help authorized officers in the discharge of their task, the Board have prepared a memorandum explaining the procedure in detail. A copy of this memorandum is enclosed. It is suggested that the Visiting Committee should confer with the Public Assistance Committee or Committees in order to ascertain what are the practical difficulties which have been experienced, and how best they can be overcome. The Board think that it will be desirable to provide each relieving officer with a copy of the memorandum, and they will send you sufficient copies for distribution if you will notify them of the numbers required.

The other main factor which, in the past, has discouraged the use of temporary treatment for rate-aided patients, is want of familiarity on the part of general practitioners with the provisions of the Section. This is a difficulty which should diminish in the course of time, and the Board suggest that it would greatly help to familiarize practitioners with the procedure if medical superintendents were instructed to communicate with the certifying practitioners in any case in which a patient, apparently eligible for temporary treatment, is sent to the Mental Hospital under certificate. If inquiry can be made in all such cases as to why recourse has not been had to temporary treatment, practitioners would soon become familiar with the distinction between those cases which call for certification

and those which can be dealt with without certification under the provisions of Section 5. But so long as the attention of general practitioners is not called to the hardship entailed on the patient by unnecessary certification, the present unsatisfactory state of affairs must inevitably continue. The Board realize that this suggestion will impose on medical superintendents the burden of additional correspondence, but they feel sure that there could be no more effective way of familiarizing the medical profession with the advantages which the Mental Treatment Act offers.

It is understood that in some areas difficulty has been experienced in obtaining the second signature to the recommendation which has to be given by a practitioner approved by the Board. The number of practitioners now approved for this purpose is sufficient to ensure that at least one will be reasonably accessible in practically all areas ; but where other approved practitioners are not readily available the difficulty can be overcome by the Board's approving one or more of the medical officers on the staffs of the Mental Hospitals and Public Assistance Institutions ; and the Board are always ready to consider applications for approval of such officers.

The Clerk to the Visiting Committee  
of each County and Borough Mental Hospital.

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## MEMORANDUM.

### I.

Temporary treatment is the procedure by which patients who have no volition may be detained under treatment for a limited period without certification.

Before the passing of the Mental Treatment Act, 1930, a poor person could rarely receive treatment for mental disorder until he had been certified as of unsound mind and sent to a Mental Hospital under a Reception Order made by a Magistrate. The main purpose of the Mental Treatment Act was to remedy this and to give effect to the recommendation of the Royal Commission which urged that certification should be the last resort and not the necessary preliminary to treatment. The Mental Treatment Act accordingly made provision for treatment, particularly of early cases, without these formalities. To this end the Act did three things :—

- (a) It empowered Local Authorities to provide out-patient treatment.
- (b) It empowered Local Authorities to receive rate-aided persons as voluntary patients in public mental hospitals.
- (c) It introduced an entirely new procedure whereby a person without volition may be received as a temporary patient and detained for a limited period on the strength of an application by a relative, or by a duly authorized officer on the request of a relative, accompanied by a medical recommendation signed by two medical practitioners.

It is with the last-named procedure that these notes are concerned.

### II.

The provisions governing the procedure for temporary treatment are in Section 5 of the Mental Treatment Act, the detailed effect of which may be summarized as follows :—

- (a) A person who is suffering from mental illness and is likely to benefit by temporary treatment, but is for the time being incapable of expressing himself as willing or unwilling to receive treatment, may, on a written application made in accordance with the provisions of the section be received as a temporary patient for the purpose of treatment without a Reception Order.

- (b) The application must be made, if possible, by the husband or wife ; or by a relative of the person to whom it relates, or on the request of the husband or wife or of a relative by a duly authorized officer of the Local Authority within whose area the person is. Local Authorities are required to authorize one or more of their officers to act when necessary under the Section ; and in most cases they have authorized Relieving Officers for this purpose.
- (c) The application must be accompanied by a medical recommendation signed by two medical practitioners ; one must be approved by the Board of Control and the other must, if practicable, be the usual medical attendant of the person to whom the application relates.
- (d) Treatment under the provisions of the Section is limited to six months in the first instance, but if it is anticipated that the patient will not recover within six months and his early recovery appears reasonably probable, the time may be extended for such periods as the Board of Control may direct not exceeding six months in all.

### III.

The type of patient for whom temporary treatment is designed is the person who has no volition, i.e., is unable to express willingness or unwillingness to receive treatment. These are mainly confusional cases, and many puerperal cases will come within the scope of this provision, as well as cases in which the patient is comatose or too indifferent to express any wish. The Board of Control are not empowered to define further the meaning of the words "incapable of expressing willingness or unwillingness to receive treatment." But experience of the working of the section suggests that the following observations may prove helpful :—

- (a) If a patient indicates unwillingness to receive treatment, no matter how irrational his refusal may be, he is not eligible for treatment as a temporary patient.
- (b) If, however, a patient is so confused or incoherent that at one moment he refuses to receive treatment and at the next expresses willingness, this may indicate such a complete lack of continuity of purpose that the patient may be considered non-volitional.
- (c) The section provides for persons who are "for the time being" incapable of expressing willingness or unwillingness to receive treatment. This means at the time when the medical practitioners make their recommendation. If by the time the patient reaches a mental hospital he appears to have recovered volition, he may none the less be admitted, the situation then being governed by Section 5 (12) of the Act.

The type of patient covered by Section 5 is admittedly a limited class, but there is evidence that the procedure is not being utilized in the case of rate-aided patients to anything like its full possibilities. It is fair to assume that a large proportion of the non-volitional patients admitted under certificates might have escaped certification altogether if they had been admitted as temporary patients.

### IV.

The situation can only be remedied if all who share responsibility for the administration of the Lunacy and Mental Treatment Acts co-operate in ensuring that the possibility of using temporary treatment as an alternative to certification is never lost sight of. Relieving Officers acting as the Authorized Officers under the Act are in a particularly favourable position to assist in this direction. Presumably, they will have received some instructions from their Local Authorities as to the lines upon which they should operate. Subject to this, the Board of Control make the following suggestions for general guidance :—

Medical opinion will, of course, determine which procedure appears to be appropriate in a given case. But it is important that the Relieving

Officer should have in mind the three possible courses now open for securing treatment in a Mental Hospital. When called in to deal with a rate-aided case, the Relieving Officer should first note whether the patient appears to be able and willing to make application for voluntary treatment. If the Local Authority have exercised their discretionary powers and made provision for the reception of voluntary patients at the Public Mental Hospital, the willing case can be dealt with under Section 1 of the Mental Treatment Act. At the other end of the scale, if the case needs control and treatment but refuses it, there will probably be no alternative but to follow the usual steps to secure certification and a Reception Order. But, between these two types, Relieving Officers will come across a certain number of cases where the person is unable to express either willingness or unwillingness to receive treatment; and for them it is essential that the propriety of temporary treatment should be considered. The Relieving Officer should endeavour to ensure that the possibility of dealing with such a case under Section 5 of the Mental Treatment Act as a preferable alternative to certification is not overlooked by the medical practitioner who has the case in hand; or by the Magistrate, if one is ultimately called in.

An application for temporary treatment may be made by the relatives, or by the Relieving Officer, if he is a Duly Authorized Officer and is requested by the relatives to make the application; and the use of the latter procedure may often facilitate the application. Further, the application must be supported by a medical recommendation signed by two medical practitioners, one of whom must have been approved by the Board of Control for the purpose. The number of practitioners approved by the Board is now sufficient to make it unlikely that there will be any difficulty in securing the services of an approved practitioner. Many Medical Officers of Public Assistance Institutions and Mental Hospitals have been approved by the Board. Lists of approved practitioners are issued from time to time by the Board to the Clerks of Local Authorities, the Clerks of Visiting Committees and the Medical Superintendents of Mental Hospitals.

The importance of ensuring that the possibility of temporary treatment is considered applies whether the case is seen in the home or in the Public Assistance Institution. In areas in which it is the practice of the Local Authority to send cases of suspected mental disorder to an observation ward in a Public Assistance Institution the use of the provisions of Section 5 will be facilitated if the doctor in charge of the observation wards has been approved for the purposes of that Section. But if for any reason this is not practicable, the recommendation of the approved practitioner can be signed at the Mental Hospital by one of the medical officers of the Hospital for the purpose. It may occasionally happen in such a case that the medical officer of the Mental Hospital may not feel able to sign the recommendation on the ground that the patient, in his view, has volition, and, in this event, the ordinary procedure of certification must be adopted unless the patient's condition has so far improved that he is willing to sign an application for voluntary treatment. However, the likelihood of such a difficulty arising would be minimized if there were prior consultation about the case between the general practitioner and the medical officer of the Mental Hospital.

Before removing a temporary patient either from home or from an observation ward to a Mental Hospital, the Authorized Officer would, of course, communicate with the Mental Hospital Authorities as to a vacancy being available, as is done in the case of patients dealt with by Reception Orders.



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LUNACY AND MENTAL DEFICIENCY



THE  
TWENTY-FIRST  
ANNUAL REPORT

OF

THE BOARD OF CONTROL  
FOR THE YEAR 1934

PART II

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LONDON

PUBLISHED BY HIS MAJESTY'S STATIONERY OFFICE

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THE TWENTY-FIRST ANNUAL REPORT  
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THE BOARD OF CONTROL  
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- B. Clinical Report. By Dr. T. C. GRAVES, F.R.C.S., Chief Medical Officer, Birmingham City Mental Hospitals Committee. P. 11.
- C. Suicide and Oronasopharyngeal Sepsis. By Dr. T. C. Graves, F.R.C.S. P. 22.
- D. Head injury, mental disorder and oronasopharyngeal sepsis. By Dr. T. C. GRAVES, F.R.C.S. P. 24.
- E. Colon irrigation. Psychosis and Dehydration. By Dr. T. C. GRAVES, F.R.C.S. P. 25.
- F. Three cases of Post-encephalitis lethargica with post-mortem findings. By Dr. C. A. KEANE. P. 27.
- G. Syphilis in Mental Disorder. By Dr. C. A. KEANE. P. 29.

*II.—From the Cardiff City Mental Hospital.*

- General Report. By P. K. McCOWAN, F.R.C.P., D.P.M., Medical Superintendent.
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*III.—From the West Riding Mental Hospital, Wakefield.*

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- C. Experimental Infection of Rabbits with *S. pallida*. By Dr. H. BURT, D.P.M. P. 36.
- D. Publication : Intraventricular Haemorrhage. By Dr. C. L. COPELAND, D.P.M. P. 37.

IV.—*From the West Riding Mental Hospital, Wadsley, Sheffield.*

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- B. The "Love-Object" in Mania. By Dr. H. W. EDDISON, D.P.M. P. 139.

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- The Relative Mortality of Cancer in the General Population, and in the Mental Hospitals of England and Wales. By Dr. G. DE M. RUDOLF, M.R.C.P., D.P.H., D.P.M., Medical Superintendent, and Dr. W. R. ASHBY, D.P.M. P. 140.
- Dry Air for Removal of Fluid from the Bronchioles and Alveoli. By Dr. G. DE M. RUDOLF, M.R.C.P., D.P.H., D.P.M. P. 149.
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- B. Orthopaedics. P. 157.
- C. Scarlet Fever. P. 158.
- D. Diphtheria Prophylaxis. By Dr. L. C. COOK, D.P.M. P. 158.
- E. Publications.
1. Unsettled questions of neurosyphilis. By Dr. L. C. COOK, D.P.M. P. 159.

2. Unusual size of intraventricular spongioblastoma in a case of tuberous sclerosis. By Dr. L. C. COOK, D.P.M., and Dr. A. MEYER. P. 159.

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LXXIII.—*From the Royal Eastern Counties Institution, Colchester.*

General Report. By Dr. F. Douglas TURNER, Medical Superintendent.  
A. Research Department. P. 159.  
B. Scarlet Fever. P. 162.

LXXIV.—*From the Stoke Park Colony, Stapleton, Bristol.*

General and Clinical Report. By Dr. R. J. A. BERRY, F.R.C.S., Director of Medical Services, and Dr. R. M. BATES, F.R.C.S., Resident Medical Officer. P. 162.

I.—THE JOINT BOARD OF RESEARCH FOR MENTAL DISEASES (CITY AND UNIVERSITY OF BIRMINGHAM).

A.—*Laboratory Report.*—By Dr. F. A. PICKWORTH, B.Sc., Laboratory Director.

*General.*

The existence, extent and complications of chronic nasal sinusitis occurring in mental hospital patients has been further investigated. Of 81 post-mortems, macroscopic evidence of chronic infection was found in 55; there being pus in 25, muco-pus in 9, polypi in 10 and thickened membrane in 11. The importance of such chronic infections in medical diseases other than mental is also firmly established. A collection of normal sinuses from farm animals has been made, one case of animal sinusitis due to *Oestrus Ovis* being found.

Histological investigation for organisms and Gram positive filaments in the sinuses and adnexa has been continued; in 33 out of 86 specimens from different cases such organisms or filaments could be detected.

An outbreak of dysentery in the mental hospitals occurred at the end of November, there being in association with other medical diseases (general paralysis, etc.) 13 fatal cases by the end of the year; several active cases continue but the spread is well under control. The type of infection has been a very mixed one; from 54 cases, pathogenic organisms have been isolated and typed; 24 Flexner organisms have been obtained, 11 cases showing "X" organisms and 13 cases "Y"; from 6 cases, organisms agglutinating Shiga in high dilution were obtained; 17 cases were due to a Sonne infection; and from one case both Sonne and Flexner "Y" organisms were isolated. Eight cases (including known carriers) gave *B. typhosus*. Over 30 other cases gave organisms of the *Salmonella* group, which however did not show agglutination with any of the typhoid, paratyphoid-dysentery sera available.

*Bacteriological.*

Specimens, 4,097 in number, have been examined: 2,968 from Hollymoor and Rubery, 758 from Winson Green, 371 from Monyhull Colony; 1,026 Wassermann tests have been carried out, 281 being positive; 903 Widal agglutination tests showed 475 positive agglutinations to one or other of the typhoid-dysentery organisms. Of 146 colloidal gold tests 47 showed paretic curves; 34 swabs for diphtheria, 0 positive; 20 cervical swabs, 10 for gonococci; 129 urines of which only 17 were sterile; 522

faeces ; 337 post-mortem swabs ; 53 sputa for T.B. (6 positive) ; 8 bacteriological examinations of teeth ; 22 nasal sinus washouts ; 2 vaccines.

*B. typhosus* has been isolated on 33 occasions, dysentery "X" 17, "Y" 17, Sonne 19, Shiga 6, non-agglutinating salmonellas 39, *B. fluorescens* 74, *B. Friedlander* 128. Thirty-one swabs from various parts of the body from a typhoid carrier were investigated post-mortem : 6 swabs gave *B. Typhosus* ; these were : gall stone, gall bladder, duodenum, ileum, caecum and left kidney ; it is significant that no *B. typhosus* was present in the ascending, transverse or descending colon, a fact which emphasises the necessity of a purge before a reliable bacteriological investigation of the faeces in carrier cases can be made. From 56 swabs the influenza bacillus was cultivated, 39 being from 18 post-mortem cases. Seven hundred and sixty-three streptococci from various sources were isolated and classified, 254 being of the haemoglobinitic variety.

#### *Histological.*

One hundred pathological conditions of the sphenoidal sinus and 30 of antra and ethmoids. Twenty dry bone specimens of farm animals have been prepared to illustrate the nasal sinuses. The thickness of the membrane of the human sphenoidal sinus was determined in 24 specimens. Decalcification and staining for organisms in 37 sinus specimens, with positive findings in 23 ; organisms in other tissues 49, with positive findings in 10. Eleven sections have been reported upon for malignancy ; 125 cytological examinations of C.S.F. ; 123 microscopic examinations of urine. Thick sections from 80 brains have been examined with respect to their capillary blood supply, and 477 photographic records have been made.

#### *Chemical.*

C.S.F. for globulin, etc., 133 ; 8 blood sugars ; 124 urines for general examination ; 5 urines for Friedmann test ; and 2 urines for veronal.

#### *Publications.*

"Organisms in Chronic Bone Infections of the Sphenoid." By F. A. PICKWORTH. *Proc. Roy. Soc. Med.* September 1934, p. 61.

"A New Method of Study of the Brain Capillaries and its Application to the Regional Localisation of Mental Disorder." By F. A. PICKWORTH. *Journ. Anat.* October 1934, p. 62.

B.—*Clinical Report.*—By Dr. T. C. GRAVES, F.R.C.S., Chief Medical Officer, Birmingham City Mental Hospital Committee.

#### *General.*

The clinical research work of the year has been chiefly directed to the investigation and treatment of the bodily disease conditions found in the patients with a view to their alleviation and so to the amelioration of the mental disorder. That such amelioration does thus ensue has been demonstrable to those who are in close touch with the patients, not only the resident and visiting staffs of the hospital but to the medical practitioner responsible for or interested in the cases from various aspects.

Reports are submitted concerning some of the work in the Dental and Ear, Nose and Throat Departments.

In the Dental Department some statistics on the subject of Aberrant Third Molars are submitted and three cases, additional to those given in the report for 1933, are described to illustrate the relation of this condition to mental disorders. Two cases of general dental and tonsillar sepsis are described to illustrate the frequent association of these conditions, in the one case the dental sepsis was manifest but in the other it was occult.

In the Ear, Nose and Throat Department the results of investigation

of the nasal sinuses by the suction-exploration method have been found to justify fully its use even in cases where septic exudates in the nasal passages are not manifest on rhinoscopic examination.

Statistics are given of the number of cases investigated and the incidence of diseased conditions found together with the results of treatment during 1934, the year of treatment. Attempted suicide in relation to oronasopharyngeal sepsis is illustrated by three cases treated and discharged during 1934 and described in a special section. These and other cases given in the report had adopted a variety of methods of suicide, viz., Medinal poisoning, drinking ammonia, cutting, including the radial arteries, strangulation and precipitation; whilst in three other cases the patients were suicidal but the method is not stated.

Head injury and mental disorder in relation to oronasopharyngeal sepsis is illustrated by two cases, one in which the psychosis appeared soon after the head injury and the other in which it became manifest after ten years.

Colon Irrigation in the treatment of Psychosis and Dehydration is discussed and illustrated by two cases.

Three cases of Post Encephalitis Lethargica are described to illustrate the persistence of the Sinus disease over many years and its presence at autopsy. In two cases the sinus disease had been actively treated during life but in the third this had been impossible on account of the patient's general condition. A summary of results of examination of the blood and cerebro-spinal fluid for syphilis in over four hundred cases of mental disorder is given. In only one case did the cerebro-spinal fluid give a positive reaction to the Wassermann test together with a paretic curve, whilst the blood gave a negative Wassermann test.

#### *Publication.*

"Sphenoidal Sinus Disease in Mental Disorder." By T. C. GRAVES. *Proceedings of the Royal Society of Medicine.* September 1934. Vol. XXVII. Section of Laryngology and Section of Otology, pp. 67-69. A paper read at the summer meeting on June 9th, 1934, in Birmingham of the Sections of Laryngology and Otology.

Two cases were described and shown to illustrate the observation that in cases of nasopharyngeal disease where there is closed sepsis within the sphenoidal sinus modes of treatment other than those having an action on the septic state are without avail on the psychosis; thus, sedative drugs fail to remove the excitement of mania arising from closed foci of sepsis.

In the two cases reported definite disease was present in the sphenoidal sinus, and in both there was serious circulatory disturbance.

The first was one of acute mania with cardiovascular intoxication, the second was one of mental confusion with optic neuritis and atrophy and other symptoms suggesting pituitary disorder—at one time suspected as pituitary tumour—and myocarditis.

In both cases medicinal measures were without effect on the psychosis and associated sensory disturbances, but these were ameliorated and recovery ensued following surgical treatment of the nasopharyngeal sepsis, aided by non-specific therapy to provoke a focal reaction and so stimulate discharge of residual sepsis after drainage. The mental recovery of these two cases has been maintained.

*Dental Department.*—Visiting Dental Surgeon, Mr. T. YOXALL, L.R.C.P., L.D.S.

#### *Diseased and Aberrant Third Molars.*

Including those cases reported last year and three cases in this present report where the removal of unerupted and impacted wisdom teeth appeared to be responsible in part or whole for mental recovery, a collection has been made of similar cases treated during the last ten years where the radiographic evidence is still available.

They are divided into two groups. Those in which the treatment was wholly dental and those wherein nasopharyngeal sepsis was also present and was treated.

Out of a total of 48 cases thus treated, 20 males and 28 females, 37 have been discharged, 5 of these were readmitted and two of these again discharged giving a total discharge rate of 34/48, the 34 being equally divided between the sexes.

Group I.

DENTAL TREATMENT.

	Male.	Female.	Total.
Discharged ... ..	11	6	17
Readmitted and still in residence ... ..	—	1	1
Not discharged ... ..	1	1	2
Total ... ..	12	8	20

DENTAL AND NASOPHARYNGEAL TREATMENT.

	Male.	Female.	Total.
Discharged ... ..	5	10	15
Re-admitted: Subsequently discharged ... ..	1	1	2
Re-admitted: Still resident ... ..	1	1	2
Not discharged ... ..	1	7	8
Died ... ..	—	1	1
Total ... ..	8	20	28

Amongst the cases still in residence are two males and one female where discharge will probably occur in the later spring. The remaining female cases include an epileptic whose conduct has improved and post epileptic confusion with excitement has very considerably abated following this dental treatment and whose seizures have very appreciably lessened. In two other female cases attacks of screaming have ceased. The ages of the cases so treated have varied from seventeen years in both sexes to upwards of 50 years in the males and 63 in females.

Cases of unerupted Wisdom teeth with Psychoses.—The description is appended of three cases where unerupted wisdom teeth were found in cases admitted during 1934 and in whom their removal played a greater or lesser part in recovery.

The first is that of a girl with unerupted infected but not impacted lower wisdom teeth, causing headache and insomnia for which medinal was prescribed without relief, eventually the patient in desperation took a poisonous dose.

In this case apart from measures of detoxication the principal treatment was the removal of these unerupted infected wisdom teeth, which may be said to have been wholly responsible for the illness.

In the next case nasopharyngeal sepsis was present with four unerupted wisdom teeth, all very seriously impacted, associated with mental symptoms diagnosed as Dementia Praecox. Treatment of the nasopharyngeal sepsis was undertaken first so that the mouth should be as clean as possible, this as a measure of ordinary precaution but more especially in view of the absolutely non-co-operative and even resistive state of the patient. Whilst some improvement ensued following the nasopharyngeal treatment it was very definitely noticeable that the improvement which determined discharge occurred after the removal of the two lower impacted wisdom teeth. The upper unerupted impacted wisdom teeth were removed after

his return to his own home. The third case is a male in whom also there was pharyngeal sepsis and dental disease associated with unerupted teeth including impacted right lower wisdom. Following dental treatment there was amelioration of some of the mental symptoms, the hallucinations ceased and further improvement followed the treatment of the pharyngeal sepsis and the administration of non-specific therapy.

CASE 1.—*Infected Unerupted Lower Wisdom Teeth and attempted suicide by Medinal.* By Dr. N. MAYBIN, D.P.H.

*Summary of Case.*—This girl of 19 had suffered from vague but increasing ill-health for five years. Severe headaches had been a trouble for three years, which with insomnia and asthenia had caused her to give up work for the last ten months. They had also caused her to take increasing doses of medinal for 8 months. She became depressed, attempted suicide with an overdose of the drug, and was admitted to a mental hospital. Here her two lower last unerupted molars were found to be grossly infected (though not impacted) and were removed. The second night after this she slept well, without any sedative, for the first time since admission to hospital and for the eight months prior to this. She had no other treatment whatever, but following these two extractions her long standing pains in the head disappeared and she has slept well, become cheerful, and been discharged within one month of the operation.

M.J.M. (9276). Female, single, shop assistant, aged 19 on admission to mental hospital on April 24th, 1934. First certification.

*History.*—Family neither psychotic nor tuberculous. Personal: Birth, infancy and childhood considered normal, attended a grammar school, leaving in Form V at 16½ years. Appeared industrious, ambitious and cheerful. Became a shop assistant.

Measles in childhood. Menstruation commenced at 14 and then followed a train of illness. "She was always complaining of one thing or another." Sore throats, abdominal pain, headaches and general ill-health.

Examined for tuberculosis in 1930, the findings were negative. After two years of recurrent bouts of abdominal pain the appendix was removed at an emergency operation in February 1931. Tonsillectomy was performed in February 1933, and in the following April she had an attack of influenza. In the next June she had to cease work because of increasing asthenia, severe headaches and pain in the right iliac region, which had persisted after appendicectomy, and to investigate this last complaint more thoroughly she was later admitted to hospital, operative procedure was not considerable advisable.

In January 1934 she was admitted to another hospital because "spinal trouble" was suspected as a possible explanation of her symptoms, but nothing abnormal was detected in the vertebral column, and in the hope of benefiting her neurasthenic state, she had treatment in a convalescent home. In the following March bilateral otalgia appeared and the left ear discharged.

*Present Illness.*—She had had headaches since childhood but during the last three years these had become severe in the temporal, parietal and vertical regions, she would hold her head in her hands, both sides were equally painful; they were especially worse at night and prevented sleep. She had complained of "a soreness in the gum of the jaw at the back," and had indicated the position of the discomfort by placing her fingers over both masseter muscles, but always the head pains were the more prominent. Insomnia was also increased by the intermittent pain in the right iliac fossa which had no relation to food or menstruation. There was anorexia. The headaches, pain and insomnia increased in severity and eight months ago she began taking occasional medinal tablets, but gradually had to increase the dose and frequency to induce sleep. The sedative made her feel depressed and sleepy the following day. As she failed to get relief on an ordinary dose the amount of each dose was increased to one and a-half times the usual strength. She herself increased these doses to three, and on April 19th she took six medinal tablets and was admitted to a general hospital in an unconscious condition. Following treatment, she regained consciousness and stated she had taken the tablets in an attempt at suicide, that she was "fed up," that she would repeat the attempt if she had the chance, and proceeded to support this assertion by knocking her head against the back of the bedstead and by refusing food. She was admitted to mental hospital.

*On Admission—Mental State.*—Futile and irresponsible. Triple disorientation. Alternately depressed and self-satisfied. Insight lacking. Suicidal: very emphatic

that she would repeat the attempt if opportunity offered. Distracting noises and buzzing in her head (definitely not in her ears) and on either side in the temporal regions. Pains behind eyes, pressure on top and at back of head, sometimes bad tastes and smells trouble her, also has pain in the region of the appendix scar.

*Bodily State.*—Weight 6 st. 3 lbs. Height 5 ft. Ashen complexion. Lips pale. Feet blue. B.P. 110/70 mm. Hg. Major viscera normal. Abdomen no tenderness, mass or evidence of peristalsis. Scar sound and free. Uterus and adnexa normal. Now menstruating but missed the March period. Coarse tremor of tongue and right hand. Pupils normal. A carious left premolar tooth. Lower molar region edentulous but wisdoms probably unerupted. No upper wisdoms visible. Urine 1045. No pathological constituents, apparently normal. Blood: Wassermann and Widal tests negative.

*Further Investigation and Treatment.*—Menstruation was normal, no pain or tenderness, but she continued suicidal and refused food. The stomach was washed out, and after this she took food well. Bacteriological examination of the stomach contents found streptococci including *S. Anginosus* and *S. Equinus*. There was recovered from a twenty-four hour sample of urine, obtained a week after admission, the equivalent of  $1\frac{1}{2}$  grains of medinal per pint. Bacteriological examination of urine found *Staphylococcus albus* and *Streptococcus An-haemolyticus*. Radiographic examination of the jaws showed all four wisdom teeth present but unerupted. Correlation of these films, and *Dental* clinical examination found:—

*Lower left wisdom.*—A pocket distal to tooth. Evidence of infection. Apices adjacent to inferior dental canal. Top of crown on level with upper border of alveolus.

*Lower right wisdom.*—Pockets mesial and distal and granuloma at apices which impinge on inferior dental canal. Top of crown just above the upper border of alveolus.

*Upper right wisdom.*—Apparently normal.

*Upper left wisdom.*—Slight impaction.

Ophthalmological examination: Retinal veins are rather distended. Slight myopia and astigmatism. Vision, each eye, 6/12.

Ear, Nose and Throat examination showed: Anterior rhinoscopy—slight hyperaemia of membranes. Posterior rhinoscopy—mucopus—moderate-sized adenoids.

Tonsils, removed. Ears, normal. On transillumination: Frontals, fair and equal. Antra, both a little dim.

Clinical observation. In order to ascertain her real condition when not under the influence of sedative drugs, she had been denied these since admission, and as the urine analysis showed she was still eliminating accumulations from her former treatment, it might be reasonable to conclude these were having some soothing effect on her symptoms of insomnia and pain. Such, however, was not apparent. Since admission she slept badly, complained of stabbing bitemporal headache, was afraid she was going to have lockjaw, said both jaws were stiff, that her "gums felt feverish," and that she wanted to bite something hard and cold. Was observed to comfort the sides of her face with her hands.

May 11th, dental operation under general anaesthetic. Two lower unerupted wisdom teeth removed.

Bacteriological swabs were taken at stages: (1) Gum before incision. (2) Interior of capsules on exposure of teeth. (3) Bottom of sockets after removal of teeth. (4) Interior of teeth.

Aerobic cultures from these swabs gave evidence of the presence of mixed infection in all these sites except the interior of one tooth, which was sterile. Anaerobic cultures were sterile. The organisms grown included some common to several sites, e.g. *Staphylococcus albus* (3 sites), *Streptococcus An-haemolyticus* (4 sites), *Pneumococci* (2 sites), *B. Hoffman* (2 sites). *Streptococcus Anginosus* (1) and *B. Pfeiffer* (1).

May 12th. Slept well throughout night, first time since admission.

May 17th. Extraction sites healing normally.

Mental and physical condition has definitely improved. Not now suicidal. Sleeping well, no headaches or jaw pains.

May 19th. Urine sample no longer contains, on chemical analysis, medinal.

Colon irrigation showed no evidence of infection of the lower alimentary tract. Gynaecological treatment was not required. A dental review on June 8th, two other teeth were extracted for caries and sepsis but the upper wisdoms were not removed.

Improvement physically and mentally continued.

June 1st, 1934. *Review.*—Peripheral circulation improved, especially shown in facial colour, and the aspect indicates composure and alertness. Is working well in convalescent bungalow where she sleeps, and frequently is by day out of nursing observation. Normally orientated, she is emotionally stable and able to discuss her symptoms, confirming and augmenting the history already supplied, showing full insight into her case. She recognised the propriety of the steps taken to secure treatment because "you have done me such a lot of good. I can sleep well and eat well

and I feel much brighter and very fit. I sleep longer, and I feel more rested after sleeping than when I was at home." She could not sleep at home for over twelve months because she could not get off—"it would not come"—she got off for an hour or two but generally was awake half the night until she took the tablets, and then she found that soon one was not enough and took more, as already described. About the same time as the sleeplessness appeared she developed a pain on the crown of the head—"as if something were drawing up—pulling up"—and associated with this was a pressure headache in both temples, these headaches varied in severity but were generally present together. The vertex pain made her more uncomfortable—"nerves would be on edge more"—but the temple pain could also be severe. She confirms her statement that she did have some soreness in the gums at the back of the lower jaw, but she did not pay much attention thereto but she did recognise the jaw stiffness.

She now states that these pains and discomforts have definitely gone, crown, temples, jaw and gums, since the dental operation, and since then she has slept well.

Objectively, her conduct is quite satisfactory and she is obviously happy. Weight 6 st. 6 lbs. B.P., 118/70 mm. Hg. Cardiac sounds and limits normal. Urine 1022. acid. No abnormal constituents.

June 1934: Discharged on trial to care of mother.

July 1934. Reports from doctor, visitor and relatives satisfactory. Discharged recovered.

January 26th, 1935. Doctor reports: "She has made excellent progress as regards both her physical and mental condition. She has for some time been in a situation, and although the work has not been particularly congenial, she has stuck to it, and done well. Her sister is in my employ and so I hear a good deal about her from time to time."

*CASE 2.—A case of Adolescent Psychosis and Impacted Unerupted Wisdom Teeth.* By Dr. T. C. GRAVES, F.R.C.S.

*Summary of Case.*—A case of adolescent psychosis of schizophrenic type, displaying marked aversion to his family, developed during the year preceding admission to reach a state of continuing stupor. Associated there was some gigantism. During three months, treatment relieved the mental condition so that interest in self and games was again possible and family affection and life was renewed.

Treatment of intestinal and nasopharyngeal sepsis produced some alleviation of symptoms but the further improvement followed the succeeding removal of unerupted impacted lower wisdom teeth.

9314, schoolboy, aged 17, on admission to mental hospital on April 30th, 1934, as a temporary patient.

*History.*—Family, not psychotic. Father and brother qualified professional men. Parents not above average height. Personal: at 3 and again at 5 tonsils and adenoids removed. Acidosis a constitutional defect. Very fond of parents and brother, and careful of his appearance. Reached pre-matriculation class when illness began.

*Illness.*—Symptoms first appeared Easter 1933 when aged 16. Talked incessantly, worried about himself, seemed preoccupied, frightened, ideas of reference, insomnia. Returned to school in autumn term and kept well, but at Christmas was restless, talkative and unable to concentrate, nevertheless worried about his work. At mid-February 1934 suddenly became excitable and incoherent and continued so.

On advice, and with diagnosis of schizophrenia, sent into the country, but made no progress. Brought back home, he had lost weight, and displayed definite antagonism to family, especially father. Insisted his food was poisoned. Male nurse required. Severe depression alternating with some excited periods, passing on to disorientation, confusion and stupor. Volition lost. Mutism. Tube feeding necessary.

*On Admission—Physical State.*—Height 6 ft. 2 in. Weight 9st. 5 lbs. Major viscera apparently normal. B.P. 138/88 mm. Hg. Facial pallor. Pronounced mouth breather, jaw dropped. Tongue furred. Teeth: 1st molars, both lower, heavy fillings, radiogram showed all wisdoms unerupted and impacted. Articulation only rarely obtained, and then in whispered speech. Lip and jaw movements reduced to a minimum. General muscle tone poor. Drooping carriage, slow, unsteady gait. Sphincter control variable, faulty at times. Ear, nose and throat examination. Ears normal: Anterior rhinoscopy, oedematous membranes on both sides with considerable mucopus. Posterior rhinoscopy, oedematous left mid-turbinal. On transillumination: Frontals both dim. Antra both dull.

Radiogram of skull. Right antrum slightly less well demonstrated than left. Radiogram of chest, negative.

Blood. Wassermann and Widal tests both negative. Erythrocytes 4,012,000. Some irregularity in size and shape of red cells. No nucleated red cells seen. Haemoglobin 97 per cent.; methaemoglobin nil; colour index 1.2; leucocytes 7,160. Differential count shows a relative lymphocytosis: Polymorphs 50.2 per cent., lymphocytes 44.1 per cent., large mononuclears 4.3 per cent., eosinophils 1.0 per cent., basophiles 0.4 per cent. A few immature white cells present. Blood culture and control, aerobic and anaerobic, all sterile.

Urine: 1015, alkaline, no albumen, no sugar, no pus cells, casts or erythrocytes or tubercle bacilli, but staphylococcus albus, streptococci pyogenes and faecalis, and bacillus proteus present. Faeces: Streptococcus saprophyticus.

*Mental State.*—Dejected aspect. Apathetic. Stuporose. Attention easily wanders. No objective evidence of hallucination, although feebly mutters. Wanders aimlessly if left to himself. Complete lack of interest and initiative even in food or dress, constantly required spoon-feeding and dressing. Somewhat resistive. No voluntary conversation offered, replies to questions when obtained after long latent period, monosyllabic, whispered, and generally incoherent. He thus appeared to be wholly disorientated. No complaint of pain elicited beyond vague frontal headache indicated by use of his hand. Sleep poor.

*Course and Treatment.*—From admission until early July he received thirteen continuous colon irrigations, using from six hundred to a thousand ounces of saline solution on each occasion. The returns at first were foul and contained much mucus, but these characters diminished, especially after treatment of the nasopharyngeal sepsis, and the returns obtained towards the end of the course were clear and not foul. On May 15th strept. saprophyticus had disappeared from the faeces.

A further Ear, Nose and Throat examination on May 9th found less oedema of nose than previously but still present and more marked on right side. Posterior rhinoscopy: An injected vessel present below left sphenoid. Some puckering of the left tympanic membrane was present. On May 12th his general physical condition appeared to have slightly improved, and he was not now faulty. There was no appreciable mental change. There was some left blepharospasm, and right lower lip sagged more than left.

May 16th, 1934. Ear, Nose and Throat. Under general anaesthesia: Tonsillectomy, both small and septic; small pad adenoids removed.

Sinus examination. Watson-Williams technique.

Antra: Both haemorrhagic and contained mucus.

Sphenoids:  $3\frac{3}{4}$ ". Left clear. Right haemorrhagic, mucus.

Ethmoids: Clear, both.

Laboratory investigation of the washouts and tonsils found: Sinus washouts: Anaerobic cultures of washouts, tonsils and control inoculations from all washouts, aerobic and anaerobic, were sterile.

Aerobic cultures from—Left sphenoid, large gram positive diplococci. Right sphenoid—staph. albus, strep. cuniculi. Left ethmoid, strep. cuniculi. Right ethmoid, staph. albus, strep. an-haemolyticus. Left antrum, staph. albus, strep. an-haemolyticus and strep. cuniculi. Right antrum, staph. albus, strep. an-haemolyticus.

Tonsils.—Left contained much pus. B. Pfeiffer, strep. cuniculi, strep. an-haemolyticus and strep. anginosus. Right contained some pus. B. Pfeiffer, staph. albus, pneumococci, strep. cuniculi, strep. an-haemolyticus, strep. salivarius and strep. saprophyticus.

May 30th.—Ear, Nose and Throat review. Satisfactory. He was now given a course of 8 intramuscular injections of 5-10 c.c. collosol calcium, 50 c.c. in all, to stimulate a focal reaction in the areas of open sepsis.

By the middle of June he was able to be up and dressed for varying periods during the day. No interest displayed. Walks and sits with bowed carriage of upper body. Still confused and apathetic. Has to be helped in everything but sometimes attempts to feed himself. Sleeps better.

June 22nd.—Dental. Under general anaesthetic. Extraction of lower molars, right 6, 7, 8, left 7, 8. Confirming radiogram, there was extreme impaction of wisdoms with erosion of the distal roots of both second molars.

July 13th.—Granulations exuberant in sockets requiring mild caustic treatment. Is more amenable, ceased to be resistive but active co-operation in treatment is poor.

July 16th.—Feeds himself, and to-day dressed himself for first time and asked for to-day's newspaper.

July 19th.—Played tennis and cricket, fielding and batting.

July 21st.—Ophthalmological examination. Co-operation improved and now possible to test visual fields. No abnormalities found.

July 30th.—Has now regained volition and asked in a clear voice to be allowed to go home. Displays very affectionate attitude to all his people, including father. Still

a mouth breather and lip movement is poor. Discharged to home care. Weight, 9 st. 4½ lbs.

February 13th, 1935.—Has since discharge continued at home. Displays energy, interest and initiative, playing tennis and golf and working at shorthand and type-writing. Shows some evening fatigue and occasional irritability, but displays a normal affectionate regard for family. To-day, under general anaesthesia, both upper impacted unerupted wisdoms removed.

February 28th, 1935.—Father reports: Is definitely better since the teeth came out. Has returned to his work and recreation.

CASE 3.—*Unerrupted, and Impacted Wisdom, Teeth with Oropharyngeal Sepsis and Mental Disorder.* By Dr. C. A. KEANE.

J.E.C., single, male, aged 17 years, press-worker, admitted on January 29th, 1934, as a Temporary Patient. Family history not psychotic.

*History.*—Had rickets during childhood. Left school at fourteen years in eighth standard. Became baker's errand boy and later press-worker. Always subject to colds in head. Three weeks before admission had attack of jaundice lasting two weeks, followed by appearance of depression, agitation and confusion necessitating admission to mental hospital.

*Condition on Admission—Mental State.*—Was confused, disorientated with auditory hallucinations. Restless, but in the main dull, apathetic and incapable of interest in his surroundings. Without volition; memory poor; unable to converse.

*Physical Condition.*—Poor. Dental sepsis, pus in nasopharynx, both tonsils infected. No evidence of organic nervous disease. Wassermann test negative in blood and cerebro-spinal fluid.

*Progress.*—Continuous colon irrigations commenced and continued twice weekly, following which he regained volition.

Radiographic examination of jaws showed: Second lower left bicuspid unerupted. Second right lower bicuspid unerupted or displaced. Lower right wisdom unerupted and very immature. On March 9th, 1934, under general anaesthesia, these unerupted and other septic teeth were removed. Visiting dental surgeon stated:—

Right and left second lower bicuspids, both unerupted but well formed, removed. Second right lower molar and first left lower molar also removed because of heavy filling and root erosion. Both definitely three-rooted teeth. Unerupted right lower wisdom also extracted. This was impacted against second right lower molar; crown only formed and no apparent infection present.

Right submaxillary lymph glands very swollen for two days after operation. Recovery otherwise uneventful.

In March 1934 he had definitely improved; he was able to converse more readily, looked brighter, hallucinations had now ceased, said he felt better. Remained somewhat disorientated, occasionally restless.

April 24th, 1934.—Tonsillectomy and general nasal sinus examination performed under general anaesthesia. All sinuses found clear, both tonsils septic, showing signs of old quinsies. Followed one month later a short course of collosol sulphur intramuscularly starting at 0.5 c.c., increasing every third day by 0.5 cc. until 2.5 c.c. were given. Each of these evoked a good pyrexia.

In July 1934 he was cheerful, well orientated, answering questions briskly. Was not hallucinated, had no memory of being so. Recognized he had been mentally ill, agreed it was right for him to have been admitted here. Looked well, with good colour, increased muscle tone and had gained seven pounds in weight since admission. Present weight, 8 st. 8 lbs. Conduct good. He worked well in garden and had been out on short leave with parents. His condition justified complete discharge as recovered without trial on September 6th, 1934.

*General Dental Sepsis.*

Two cases are submitted in which the definite mental improvement following the treatment of general dental sepsis was striking. In both cases tonsillar sepsis was present and was treated by tonsillectomy, but whilst it was undoubtedly desirable and necessary that this sepsis should be so treated the obvious improvement in the course of the psychosis appeared to be determined by the dental treatment.

In Case 4 treatment during five months failed to produce the amelioration which rapidly followed the dental treatment and which was consolidated by the removal of septic tonsils. In Case 5 grossly septic tonsils were removed without improvement of symptoms, the dental state being

considered satisfactory, and during the ensuing eight years no real amelioration of her physical and mental condition occurred in spite of treatment. By this time the previously occult dental sepsis had become manifest and was treated. There now occurred a remarkable improvement in her mental state associated with a very pronounced nutritional gain, her weight becoming practically double what it had been at the worst phase of her illness.

CASE 4.—*Recovery of Confusional Psychosis after Treatment of Dental Sepsis.* By Dr. C. A. KEANE.

J.W.P., aged 33 years, single, male, labourer, admitted on January 7th, 1934.

Had been ill for one week. First certification. Family history not psychotic.

*Condition on Admission—Mental State.*—Was confused and depressed. Said he heard seven devils suggesting everything wrong to him. There was no hope for him. Life did not seem worth living. Memory poor, unable to converse. Acutely suicidal.

*Physical Health.*—Poor. Looked pale and ill. Teeth decayed and septic with much pus at gum margins. Both tonsils septic. No evidence of organic nervous disease. Wassermann test negative in blood and cerebro-spinal fluid.

Radiographic examination of jaws showed many teeth lying free in the gum tissues, and there was a peri-apical abscess round lower right canine.

*Progress.*—On account of the severity of the toxæmia active treatment had to be delayed, but continuous colon irrigations were given between January and June 1934. He, nevertheless, remained confused and deluded.

On June 8th, 1934, rendered edentulous by 23 extractions of roots and teeth under general anaesthesia. Three weeks later he showed a remarkable improvement, laughed at his former delusions and recognized hallucinations to be unreal. Realized he had been ill, was no longer depressed, able to converse. Colour returning to cheeks, general muscular and facial tone much increased. He became a good, willing worker. Now able to explain that a scintillating scotoma present in left eye for some years had ceased.

On July 21st, 1934, ophthalmic examination showed both eyes normal.

On August 1st, 1934, he was bright, cheerful, well orientated, and answered questions briskly. Realized he had been mentally ill. Remembered former delusions and hallucinations only vaguely. Life was worth living. He looked well with cheeks full of healthy colour, weight had increased from 8st. 4 lbs. to 9st. 6 lbs. Worked well out of doors. Septic tonsils were removed under general anaesthesia on August 2nd, 1934, followed by short course of collosol calcium injections intramuscularly—10 c.c. being given every third day until 30 c.c. had been injected. Was discharged on one month's trial on September 13th, 1934, feeling very well and grateful for treatment, being finally discharged recovered on October 11th, 1934.

CASE 5.—*A Case of Catatonic Stupor and Oropharyngeal Sepsis.* By Dr. G. M. GLENN, D.P.H.

E.B.T., 6015, admitted June 13th, 1925, aged 26 years, female, chocolate packer, single.

*History.*—No mental disease in family history. Father died of bronchitis and mother is stated now to suffer from chronic arthritis. No abnormality in patient's early history. In 1923 she had influenza followed by increasing lassitude and depression. At this time she had teeth extracted without effect. During the seven months previous to admission to hospital she grew silent, apathetic and resistive.

*On Admission.*—Respiratory and alimentary systems presented no abnormality. Tonsils were enlarged and septic but teeth appeared quite healthy. Her peripheral circulation was poor with cyanosed extremities. Her condition was one of catatonic stupor; muscles rigid, deep reflexes exaggerated, well-marked *flexibilitas cerea*, legs extended and head held to right side. She resisted attention, would not speak and was faulty in habits. She showed bilateral ptosis, external squint of right eye and enlarged right lobe of thyroid.

*Three months* after admission she was less catatonic but still stuporose and losing weight. At this period her weight had fallen from 7 st. 11 lbs. to 4 st. 10 lbs. Her mouth had been twice examined and teeth reported healthy. Nasal sinuses were clear to transillumination but tonsillectomy was advised. At the end of 1925, i.e. six months after admission, she had improved both mentally and physically, and was

taking her food, speaking a little and able to be up. In January 1926, tonsillectomy was performed and improvement continued. In March 1926 a septic condition of one toe developed and progress was checked. She gradually became again stuporose, impulsive, resistive, faulty and spoon-feeding had to be employed. In the winter of 1928-29 she again had sepsis localized in her toes and her physical condition was very poor. During the following five years she continued to lose ground mentally and physically. She lay in bed completely stuporose and catatonic.

In December 1930 her dental condition was again reported satisfactory.

In February 1932 she had an attack of cystitis which further lowered her physical condition and reduced her weight again to 4 st. 5 lbs.

In December 1935 it was decided to have a dental clearance as oral hygiene was becoming increasingly difficult. Thirteen teeth were extracted, one or two at a time, over a period of six months till she was edentulous. During that time her mental and physical improvement were constant, and continued till she became well enough to leave hospital in November 1934. She gained weight steadily and was 8 st. 9 lbs. on discharge. Catamenia, which had been in abeyance for nine years, had been re-established in September and October. She was able to care for her person, walk, dance, play the piano, answer questions briskly and was well orientated for time, place and person. She said she did not remember admission to hospital, but "came to herself" in the past year; that is during and after the time dental treatment was carried out.

*Ear, Nose and Throat Department.*—Hon. Consulting Surgeon, Mr. E. MUSGRAVE WOODMAN, M.S., F.R.C.S.; Visting Surgeons, Mr. W. STIRK ADAMS, F.R.C.S., Mr. REGINALD STANLEY STRANG, M.B., D.L.O.

The work of investigation and treatment of diseased conditions in the ear, nose and throat found amongst the patients on admission has been continued during the past year by means of the routine examination of the medical officer in charge of the case into the mental and physical states, then by the detailed examination of the Visiting Rhinologist employing the special methods of inspection, palpation, transillumination, etc., assisted by radiography, where necessary, and in those cases where the results of such examinations indicated the desirability of further procedure, the process of exploration under general or local anaesthesia was carried out, using for the accessory nasal sinuses the Suction-exploration technique of Watson-Williams. Some of the results of these investigations showing the incidence of disease and treatment are submitted in the following tables.

#### *Incidence and Treatment of Disease.*

There were thus investigated during 1934 265 cases, 132 males and 133 females.

Of these, in 33 cases, 21 males and 12 females, the conditions found on clinical grounds did not warrant further procedure than that of thorough antiseptic irrigation of the cavities explored. In the remaining 232 cases, 111 males and 121 females the following conditions were found:

Adenoidal disease and nasal polypi were present in association with other disease in 14 cases, the nasal polypi were treated in 2 male cases whilst the adenoids were removed from 12 adult cases, 6 men and 6 women.

Diseased tonsils were found in 78 males and 81 females, a total of 159 cases and were removed in 148 cases, 72 males and 76 females.

Of these, in 50 cases, 19 males and 31 females, the tonsils only were found diseased and were removed, whilst in 98 instances, 53 males and 45 females, the tonsillar sepsis was associated with sinus disease.

In 84 cases, 39 males and 45 females, the sinuses only were found to be diseased.

*Number of diseased sinuses found.*—The number of clinically diseased sinuses found in these cases is as follows:—

	Male.	Female.	Total.
One sinus only involved ... ..	23	29	52
Two sinuses ... ..	28	21	49
Three sinuses ... ..	14	12	26
Four sinuses ... ..	15	15	30
Five sinuses ... ..	9	9	18
Six sinuses ... ..	3	4	7
Total ... ..	92	90	182

*Anatomical Distribution of Sinus Disease.*—The distribution of the sinusitis, whether associated or not with tonsillar disease in these 182 cases was :—

	Male.	Female.	Total.
Antra alone or with others ... ..	72	58	130
Ethmoids alone or with others ... ..	56	60	116
Sphenoids alone or with others ... ..	37	39	76

*Sphenoidal Sinus Disease.*—As in former years so in the past year cases have been met in which only the sphenoidal sinus has been found to be diseased and in which its treatment by drainage and irrigation appears to have been the very definite turning point from established psychosis to useful recovery, not only from the mental aspect but also from pronounced physical symptoms, e.g., circulatory, which were associated with the psychotic manifestations. On this account it is most important that this pair of sinuses—not infrequently variable anatomically—should not be excluded from any scheme of investigation by exploration of the nasal accessory sinuses.

Radiography and inspection of the posterior nasal spaces by mirror or nasopharyngoscope may be useful if they provide positive evidence of the presence of disease but negative or unsatisfactory findings by these means should not be grounds for assuming these sinuses are healthy in cases of psychosis and especially if there is a history of upper respiratory disease prior to the onset of the psychosis.

The incidence of diseased conditions in these sphenoidal sinuses amongst those cases investigated last year is within the limits of the figures reported in previous years, viz., 35 per cent. in 1932 and 46 per cent. in 1933, the figures for 1934 are 76/182, i.e., nearly 42 per cent.

*Sequel of Treatment.*—Although the following figures can hardly be accepted as fair to the treatment because many cases have been operated on towards the end of the year and recuperation from the, frequently prolonged, septic saturation prior to admission requires, and reasonably so, some little time after operation, yet the discharge rate for these 265 cases who were treated during the year appears worthy of note. It has already been indicated, but it will bear repetition, that until treatment has been directed to the oronasopharyngeal sepsis in these cases real progress is not made and many show pronounced worsening of their mental and physical states.

	Male.	Female.	Total.
Total treated ... ..	132	133	265
Discharged during year of Treatment, 1934 ...	55	46	101
Percentage approximate ... ..	41·5	34·5	38·0
Re-admissions during year ... ..	5	—	5

C.—*Suicide and Oronasopharyngeal Sepsis.* By Dr. T. C. GRAVES, F.R.C.S.

Three cases of mental disorder with suicidal symptoms are described to illustrate the incidence of these conditions in relation to oronasopharyngeal sepsis and their cessation following the radical treatment of this sepsis.

At the time of the final operative measures these cases, one woman and two men, were aged approximately 59, 60 and 40 years, nevertheless very rapidly following these measures they made striking recoveries.

There was no doubt about the fact that the first had made a serious attempt at suicide by drinking ammonia, causing an oesophageal stricture, which necessitated gastrostomy to maintain nutrition. The results of the suicidal act having been dealt with, treatment of the oropharyngeal sepsis was undertaken with satisfactory results.

The second case had attempted suicide by cutting, then strangulation, then precipitation and following admission continued suicidal, showing the characteristics of hypochondriacal melancholia for three years until his septic tonsils were removed and infected nasal sinuses treated. A month afterwards he was no longer suicidal and was working out of doors.

Although the third case was younger he was, on the other hand, very deeply depressed and suicidal before the gathering confusion became complete. This state continued for several months, but on the day following removal of septic tonsils a return to normal consciousness and emotional tone occurred which has continued.

All three cases have been discharged and have returned to their ordinary occupation.

CASE 6.—*Depression. Suicide. Gastrostomy. Oropharyngeal Sepsis. Recovery.* By Dr. G. M. GLENN, D.P.H.

M.R., 9031, admitted August 23rd, 1933, Voluntary patient, aged 58, widow, housewife.

*History.*—Attack of depression in 1923 for which patient was treated in hospital. Similar attack in 1928. About beginning of July 1933 she became sleepless, depressed and suffered from vertical headache. She attempted suicide by drinking ammonia; was admitted to a hospital and treated there for three weeks. On her return home she suffered from dysphagia and latterly was able to swallow only soft food and fluids.

*Condition on Admission.*—Respiratory, circulatory and nervous systems presented no abnormality on examination. There was dental sepsis present.

Her mental condition was one of deep depression with considerable retardation of ideation, loss of emotional control and disorientation in time. She complained of vertical headache, abdominal discomfort, pains in the legs and difficulty in swallowing.

*A week after admission* she refused her food. Examination with the oesophageal tube suggested the probability of an organic stricture of the oesophagus. On September 6th, 1933, examination with an oesophagoscope revealed an ulcerated, bleeding stricture 3 in. below the upper aperture of the larynx. Four days later a gastrostomy was performed under general anaesthesia. Recovery from the operation was uneventful and she was fed through the gastrostomy opening until October 28th, 1933, when a radiographic examination showed that the barium bolus was passing normally through the oesophagus into the stomach, which showed normal evacuation.

Her mental condition had now improved considerably but she was still at times rather depressed and emotional, and dental treatment was undertaken. Six infected teeth were removed, rendering the patient edentulous.

By December 1933 there was little or no active depression, but she was hypochondriacal and querulous. At this stage she was taking all her food by the mouth.

On January 30th, 1934, dissection of the tonsils was performed, an abscess being found in the right and dry pus in the left. The operation was followed by a severe streptococcal infection of the tonsil beds, palate and surrounding structures, and anti-scarlet streptococcal serum was administered. Short chain streptococci were found in a swab taken from the throat. By March 1934 the throat infection had subsided and her mental condition began to improve.

During the following two months improvement was maintained, she became cheerful, actively useful in the ward, and expressed her thanks for what had been done to bring about what she described as "great improvement in every way." She left the hospital recovered on June 1st, 1934.

Christmas, 1934. Visited at mental hospital, appeared cheerful and well.

CASE 7.—*Case of Melancholia with Recovery following General Nasal Sinus Examination and Removal of Septic Tonsils.* By Dr. C. A. KEANE.

J.T., aged 57 years, married, male, railway porter, admitted on September 1st, 1931. First certification.

*History.*—Prisoner in Germany during Great War. Suffered extreme hardship. Attack of neurasthenia in 1923. Developed influenza of gastric type in April 1931. Fainted at work. Became increasingly depressed and hypochondriacal. Attempted suicide by cutting, then strangulation, then precipitation. Family history not psychotic. Had contracted malaria and sunstroke while abroad in Army. All teeth septic and removed in 1926 on account of abdominal pain and flatulence.

*Condition on Admission—Mental State.*—Depressed, agitated, emotional, introspective. Continually insisted that he never had his bowels opened, persistently complained of dryness of throat. Determined to end his life. Said there was no hope for him. Said he saw "visions."

*Physical Health.*—Very poor. Thin and pale. Pus in both tonsils. Signs of cardiovascular degeneration. No evidence of organic nervous disease. Wassermann test negative in both blood and cerebro-spinal fluid. Weight 6 st. 6 lbs.

*Progress.*—Continuous colon irrigations commenced and continued twice weekly throughout treatment.

On October 20th, 1931, two boils appeared in right axilla. Disappeared after short course of collosol manganese intramuscularly. Followed a short course of intramuscular T.A.B., starting at 0.5 c.c., increasing by 0.5 c.c. every other day, until 2.5 c.c. were given.

Attempted suicide in May 1932 and again in December 1932. Remained unchanged in his mental state until in May 1934 he was considered well enough for further active treatment. When approximately sixty years of age on May 9th, 1934, under general anaesthesia, tonsils were removed and nasal sinuses investigated. Pus found in both tonsils and in left antrum and left ethmoid. Both antra drained.

On July 4th, 1934, he was no longer suicidal. Smiled readily and had lost all former delusions. Now said life was worth living, and his manner and attitude and general conversation supported that statement. Worked well in the garden.

On September 19th, 1934, he looked well and happy. Well orientated and conversed well. Realized he had been mentally ill, grateful for treatment. Laughed at former delusions. Said he had not been troubled with visions for some time. Had been doing heavy manual work in garden without undue fatigue. Had been home on week-end leave several times. Weight now 8 st. 3 lbs.

Discharged on one month's trial on October 11th, 1934, being finally discharged recovered on November 6th, 1934. Now works at his old job again.

CASE 8.—*Case of Melancholia Associated with Rheumatic Fever, with Rapid Recovery after Removal of Septic Tonsils.* By Dr. C. A. KEANE.

J.E.H., aged 40 years, married, male, toolmaker, admitted on February 27th, 1934.

*History.*—Worried over financial matters for past ten years. Developed rheumatic fever in August 1933. Several teeth and a cyst removed from jaws in January 1934. Became agitated and refused food on February 19th, 1934. Family history not psychotic.

*Condition on Admission—Mental State.*—Depressed, suicidal, confused, resistive. Took very little food. Answered questions in monosyllables. Suspicious, apprehensive, destructive. Occasional restless noisy outbursts.

*Physical Health.*—Thin, pale, wasted. Circulation sluggish but no organic lesion in heart. Teeth decayed, pus at gum margins. Pus in both tonsils. No evidence of organic nervous disease. Wassermann test negative in blood and cerebro-spinal fluid.

*Progress.*—Continuous colon irrigations given at intervals throughout illness. On March 23rd, 1934, eight septic teeth were extracted under short general anaesthesia. Rendered edentulous on April 13th, 1934, by extraction of nine more septic teeth.

Radiographic examination of jaws on June 16th, 1934, showed abscess formation round a tiny fragment of bone in right upper canine area. This was opened and drained. Subsequently abscess had to be re-opened on two occasions.

On August 3rd, 1934, he was depressed, apathetic, asocial. No memory of admission, did not realize he had been ill. Well orientated, able to converse for short periods. Colour and circulation much improved. On August 14th, 1934, tonsils were removed under general anaesthesia, following which recovery was rapid. The very next day he became interested in his surroundings and as to how he got here. Recognized he must have been mentally ill. For although he appeared to be well-orientated before this operation, yet now his answers, questions and general conversation indicated that he had not really appreciated his position here until now.

On September 25th, 1934, he was well orientated, fully realized he had been mentally ill, grateful for treatment. Smiled readily and conversed well. Stated life was worth living. Able to describe choking sensations due to "fumes" before admission which had since disappeared. Colour very good, general muscle tone much increased. Had worked well out of doors and had been home on short leave with wife. Discharged on one month's trial October 11th, 1934, being finally discharged recovered November 6th, 1934.

D.—*Head Injury, Mental Disorder and Oronasopharyngeal Sepsis.* By Dr. T. C. GRAVES, F.R.C.S.

Cases of mental disorder appear in which there is a history of head injury but in which investigation directed thereto fails to account for all the symptoms. In some of these cases on account of the head injury there may appear to be a restraint on the active treatment of any septic conditions present, and in consequence new symptoms appear complicating the clinical picture, as in Case 10.

In other cases, as in Case 9, there may be legal proceedings in relation to the head injury and the question may arise as to whether the cause of the mental disorder was the injury or whether very early mental symptoms arising from sepsis may not have been in part responsible for the accident which led to the injury.

These two cases illustrate the group of clinical conditions in which treatment of sepsis may prove very beneficial even although there is a history of head injury.

CASE 9.—*A Case of Head Injury. Rheumatism and Mental Disorder with Nasopharyngeal Sepsis.* By Dr. J. M. MACKENZIE, D.P.M.

H.W., male, single, telegraph messenger, aged 16, admitted to mental hospital on July 13th, 1933.

*History.*—Childhood stated to have been uneventful with no serious illness. Remained well at school and passed usual Post Office physical examination at age of 14.

On February 11th, 1933, he was knocked down by a motor-car. He sustained a cut two inches long in the left parietal region and was admitted to the General Hospital, Birmingham, in an unconscious state. He was discharged on March 5th, 1933.

On March 20th, 1933, he recommenced work on his doctor's recommendation, but collapsed while at work on March 23rd, 1933, and was admitted into general hospital suffering from rheumatic fever. From this hospital he was admitted here on July 13th, 1933.

*Condition on Admission.*—He was dull, confused, semi-stuporose, refused his food and was faulty in habits. He grimaced and attitudinised, muttered to himself, and appeared to be subject to auditory hallucinations.

His physical health was poor with severe toxæmia and organic incompetence of the mitral valve, presumably a legacy of his rheumatic fever. No evidence of organic nervous disease was detected. X-ray of head normal. His teeth were healthy, but there was pus in both tonsils and evidence of infection of the nasal sinuses. Wassermann and Widal tests both negative.

*Progress.*—Plombières treatment was instituted, but he continued confused, restless and hallucinated, with short periods of stupor until December 12th, 1933, when his physical condition had improved to an extent justifying the administration of a general anaesthetic with some degree of safety.

Both tonsils were very septic and were removed. Much muco-pus was found in both ethmoids and both antra, the sphenoids being clear. Both antra were drained.

On January 20th, 1934, he was taking his food much better and was less confused and restless, though still retarded in thought and action. From February 2nd, 1934, till February 19th, 1934, a course of six T.A.B. injections was given intramuscularly. The highest temperature recorded was 102.4 degrees F. He improved somewhat, but in May 1934 he became confused and restless, picking his toe-nails and resisting attention.

In July 1934 he was much brighter and able to be up and about in the ward. His muscles showed general atony, and the reflexes on the left side were rather more sluggish than on the right. He remembered his admission very vaguely but was gradually improving, though his powers of description and appreciation of questions still lacked clear-cut definition. He commenced to go on parole with his parent, and in October 1934 he was doing useful ward work, showed initiative, and was much more

alert. His conduct was exemplary and he was appreciative of what had been done for him.

On November 30th, 1934, he was correctly orientated and his replies to questions were both brisk and accurate. He had gained insight, realizing he was incapable of being looked after elsewhere than in a mental hospital. His muscle tone was much improved and there was no evidence of hallucinosis. His vision in the left eye was very defective, only amounting to fingers at 3 ft. He was examined by an ophthalmologist, who reported that there was no gross disease and attributed the condition to commotio retinae, presumably due to the accident.

His mitral incompetence was well compensated, the exercise tolerance being good. He was discharged recovered on December 13th, 1934.

*Comment.*—We have here a case presenting many of the features of dementia praecox. A definite history of injury to the head appears to play some part in determining the onset, but this trauma must be considered in relation to the presence of tonsillar and sinus infection and the acute rheumatism. The relative importance of infection and injury in the causation is open to argument, in fact the case became the subject of litigation from the compensation standpoint, but it is significant that eleven months elapsed after the accident before improvement was noted, and that improvement followed on operative treatment of the infected regions and was later more marked after the injection of an anti-body producing substance in the form of T.A.B.

Had treatment of the head injury been carried out by rest in bed alone without the employment of necessary surgical intervention directed against the other, and in my opinion, more important factor, the end result would probably have been less satisfactory.

*CASE 10.—Hallucinatory Psychosis, with Recovery, following Injury to Brain and Skull and associated with Oropharyngeal Sepsis.* By Dr. C. A. KEANE.

A.W.C., aged 32 years, married, male, traveller, admitted on June 20th, 1934, as a Voluntary patient.

*History.*—Sustained fractured base of skull and facial paralysis, with perforation of right ear drum, during motor-cycle accident in 1922; he never had same confidence in himself since. Did various odd jobs until 1932, since when he had been out of work. Very worried over wife's illness in April 1933; soon afterwards he began to hear "voices." Attempted suicide by severing both radial arteries in April 1933. Many periods of confusion, severe depression, irritability, active anger symptoms and continual hallucination since. Visited our out-patient clinic in September 1933, where, following graduated treatment for decayed septic teeth, the hallucinations ceased and he made considerable improvement but continued to have periods of depression but was much more amenable.

*Condition on Admission—Mental State.*—Lacked confidence; unable to do any job satisfactorily. Had periods of depression but was mainly simple, foolish, unreliable.

*Bodily Health.*—Good, but tonsils both infected. Pupils irregular and unequal, but he refused Lumbar Puncture. Wassermann test in blood negative.

*Progress.*—Continuous colon irrigations were commenced and continued twice weekly. Sent out working on garden but lacked concentration.

On July 30th, 1934, under general anaesthesia, tonsils were removed and nasal sinuses investigated. Sinuses were found to be clear but both tonsils were full of pus. Followed a short course of intravenous T.A.B., which produced marked pyrexia.

A few weeks later followed a short course of colloidal sulphur intramuscularly, starting at 0.5 c.c., increasing every third day by 0.5 c.c. until 2.5 c.c. were given. Marked pyrexia after each injection.

On September 6th, 1934, he was bright, cheerful, well orientated. Recognized he had been mentally ill; said he felt "different altogether." Worked well in garden, had regained confidence in himself. No depression or hallucination since admission. Looked well and happy, with increased muscle tone, was more stable. Had gained weight. Expressed satisfaction at having submitted to treatment. Discharged at own request on September 8th, 1934.

*E.—Colon Irrigation. Psychosis and Dehydration.* By Dr. T. C. GRAVES, F.R.C.S.

Cases occur where colon irrigation appears a principal treatment in effecting recovery and in a few cases this may be the only active physical

agency employed. Particularly in one male admission during the past year this was the case. The subject of neurasthenia associated with severe oral sepsis, he became confused following its treatment and admission to mental hospital became necessary but following colon irrigations he made a good recovery. In these cases of serious sepsis there is often considerable dehydration manifest requiring copious fluid intake, and lavage by continuous colon irrigation materially assists this need.

In other cases whilst colon irrigation may mitigate dehydration further active treatment is required, which however should not be attempted until the dehydration has been alleviated.

Two cases of confusion and pronounced dehydration are described to illustrate this point.

CASE 11.—*The Effect of Continuous Colon Irrigations on a Confusional Psychosis. Association of Left Naso-Labial Spasm with Haemorrhagic Left Antrum.* By Dr. C. A. KEANE.

J.B., aged 21 years, single, male, riveter, admitted on April 23rd, 1934. Had been ill three weeks; first certification, no previous illnesses.

*Family History.*—A sister, Mrs. D. G., was here, suffering from melancholia, between November 19th, 1926, and February 17th, 1927, and again between August 30th, 1927, and October 10th, 1929, during which treatment for extensive urinary and nasopharyngeal sepsis was followed by a still-lasting recovery.

*Condition on Admission—Mental State.*—Completely lost, agitated, emotional, quite incoherent, suspicious, apprehensive, unable to appreciate questions. Objectively hallucinated. Attempted to bite anyone approaching. Wandered about laughing and crying alternately, stripped himself, resisted all attention, dirty in habits. Had to be spoon-fed.

*Physical Health.*—Very poor. Skin dry and loose, subcutaneous tissues dehydrated, mitral systolic murmur at apex of heart, circulation poor. He was pale and emaciated. A left nasolabial spasm caused nose and upper lip to be drawn outwards and upwards towards left eye. Radiographic examination of jaws showed teeth and alveoli to be healthy. No tonsils present. No evidence of organic disease in nervous system. Wassermann test in blood and cerebro-spinal fluid negative.

*Progress.*—Continuous colon irrigations were commenced and continued twice weekly, and as much alkaline drink as possible taken. Condition remained unchanged until July 1934, in which month he began to eat of his own accord. Less restless and resistive. Able to answer simple questions. Remained confused and hallucinated. Improved sufficiently for general sinus examination to be performed under general anaesthesia on July 30th, 1934. Considerable haemorrhage in wash from left antrum. All other sinuses clear. One week later the naso-labial spasm had disappeared.

Followed a course of collosol calcium injections, 10 c.c. being given every third day until 30 c.c. in all had been given.

At the end of August 1934 he was bright, cheerful, well orientated. Smiled readily, did not remember coming here. Realized he had been mentally ill, was grateful for treatment. Cheeks glowed with healthy colour, muscle tone markedly increased; he had gained 2 st. 7 lbs. in weight since admission, weight now being 11 st. 9 lbs. A good, willing worker, and had been out on week-end leave with relatives.

He was discharged recovered on September 13th, 1934.

CASE 12.—*A Case illustrating the Effect of Continuous Colon Irrigations and Treatment of Dental Sepsis on the Circulation and Confusional State.* By Dr. C. A. KEANE.

D.C., aged 55 years, married, male, groundsman, admitted on June 22nd, 1934. First certification. No previous illnesses.

*History.*—Worked as groundsman to girls' school for past year. Became depressed and confused during month prior to admission. Had smoked seven ounces dark twist per week. Family history not psychotic.

*Condition on Admission—Mental State.*—Was depressed, apprehensive, suspicious of approach. Believed people had been watching him and that he had lost all his money. Said he was "in a mess" but could not explain himself. Confused, disorientated, unable to converse. Memory poor. Entirely non-co-operative.

*Physical Health.*—Thin, pale, emaciated. Body covered with septic abrasions due to scratching. Skin loose and dry, subcutaneous tissues dehydrated, circulation sluggish with cold, blue extremities. Pulse volume poor. Thirteen septic teeth. Weight 10 st. 10½ lbs. No evidence of organic nervous disease. Wassermann test negative in blood and cerebro-spinal fluid.

*Progress.*—Rapidly became worse, starting back in abject fear at slightest approach, refusing all food. Had to be tube-fed twice daily. Continuous colon irrigations were commenced immediately and continued twice weekly. Began to eat under persuasion on July 4th, 1934.

On July 12th, 1934, ate well of his own accord, looked better, was less afraid, could now converse for short periods. Allowed up from bed on July 18th, 1934, after which recovery was rapid. He lost all sign of apprehension, worked well in ward but remained quiet and depressed. Pulse volume now increased.

During August 1934 five teeth were removed over period of four weeks.

On August 31st, 1934, nine teeth removed under general anaesthesia, rendering him edentulous.

Review of his condition on September 4th, 1934, showed him to be bright, cheerful, well-orientated. Realized he had been mentally ill; thought it correct to have been admitted here. Remembered coming to himself about two weeks after admission. Attributed recovery to colon irrigations. Healthy colour in cheeks, muscle tone much increased, pulse volume and circulation very good. Had been working well in garden and out on short leave with relatives. Weight had increased to 13 st. 1½ lbs. Was discharged on one month's trial on September 13th, 1934, being finally discharged recovered on October 11th, 1934.

#### F.—*Three Cases of Post-Encephalitis Lethargica with Post-Mortem Findings.*

By Dr. C. A. KEANE.

##### CASE 1.

G.M.P., aged 37 years, single, female, box-maker, admitted on March 7th, 1930. First certification.

*History.*—Chronic gastric ulcer, lesser curvature for eighteen months in 1925-26. Developed encephalitis lethargica in August 1926. Depression and suicidal tendencies since. Much worse for eight months prior to admission. Had made several attempts on her life. Septic tonsils removed in 1927. Grandfather, father, two sisters, one brother, all said to have been neurasthenic.

*Condition on Admission—Mental State.*—Profoundly depressed and emotional. Frequent fits of crying. Said she would not recover and should be dead.

*Physical Health.*—Poor. Ptosis both upper eyelids. Pupils reacted sluggishly to light and accommodation. Oculogyric crises. Spasmodic contractions of all muscles of face down to upper lip. Articulation mumbled and at times explosive and with a stutter. Complained of stabbing pain in right side of abdomen but nothing abnormal discovered on examination. Teeth carious, showing root exposure. Wassermann test negative in blood.

*Progress.*—During March and April 1930 ten septic teeth were removed, rendering her edentulous. Attempted suicide by choking. On April 30th, 1930, under general anaesthesia, nasal sinuses were investigated. Both sphenoids found to contain pus. All other sinuses clear. Sphenoids had large ostia. Bacteriological examination of the washouts showed on microscopic examination of the pus from the right sphenoid by dark ground illumination, very large numbers of cocci and diplococci and a few thick bacteria, and a Gram film showed, gram positive cocci and large bacilli and diplococci and gram negative diplococci. The pus from the right sphenoid gave on aerobic culture, micrococcus catarrhalis and streptococcus mistos, anaerobic culture was sterile. Followed a short course of intravenous T.A.B. continuous colon irrigations given once weekly for seven weeks.

In August 1930 she was depressed, suicidal, agitated. Facial twitchings had been noticed to be less evident when mental state was worse. On October 1st, 1930, both sphenoids washed out under local. Nil found. Then followed a course of anti-scarlet serum, 10 c.c. being given intramuscularly every third day for five injections. Thereafter aqueous colloidal sulphur intramuscularly, calcium lactate, chloral and bromide and thyroid extract were all tried but without effect.

In January 1933 she remained depressed, restless and emotional. Muscular control and co-ordination poor. Confined to bed, requiring to be spoon-fed. Losing weight rapidly. Generally feeble. Became gradually worse and died from broncho-pneumonia on April 10th, 1934.

*Autopsy* showed broncho-pneumonic changes in lungs. Pus present in right antrum of Highmore. Right sphenoidal mucosa thickened and slight exudate present. Bacteriological examination of these exudates showed the following organisms to be present.

*Right Antrum.*—On culture gave B. Pfeiffer, streptococci, equinus, subacidus, salivarius, mitis, anginosus, an-haemolyticus.

*Right Sphenoid.*—B. Pfeiffer, B. Hofmann, streptococcus an-haemolyticus.

## CASE 2.

R.E.P., aged 16 years, single, male, admitted on August 4th, 1927. First certification.

*History.*—Developed encephalitis lethargica in 1924 at age of 13 years. Acute symptoms for three weeks. Returned to school, which he left at 15 years, having reached Standard IV. In 1926, became mischievous, committed offences against little girls. Onset of paralysis noted.

*Condition on Admission—Mental State.*—Mainly dull, apathetic, disinterested. Subject to attacks of screaming and biting. Had passion for breaking windows. Frequently wet and dirty.

*Physical Health.*—Poor. Thin, pale, wasted. Oculogyric crises. Marked signs of Parkinsonism. Mask-like facies, festinating gait, rigidity of limbs. Right lower limb showed spastic paresis. Able to walk with difficulty. Speech slow and difficult. Sight defective. Teeth fair. Pus in both tonsils. Wassermann test negative in blood.

*Progress.*—Tonsils removed under general anaesthesia on February 8th, 1928. Both contained pus. Pus found in both ethmoids, both antra and right sphenoid. Both ethmoids and right sphenoid drained. Bacteriological examination of the sinus washouts showed on microscopic examination numerous lymphocytes and polymorphs, many undergoing degeneration. Gram positive, diplococci present. On culture the following organisms were obtained from the respective cavities:—Left sphenoid—*Streptococcus subacidus*. Right sphenoid—*Strep. Ignavus*, *B. Hofmann*, *staph. aureus*. Control—Sterile.

Left ethmoid—*B. Hofmann*, *strep. subacidus*, *strep. Ignavus*, *staph. albus*. Right ethmoid—*Strep. anginosus*, *strep. salivarius*. Control—Sterile. Left antrum—*Staph. aureus*, *B. Hofmann*. Right antrum—*Staph. albus*, *B. Hofmann*, *strep. subacidus*.

Followed a short course of anti-scarlet serum.

In July 1928 he was less noisy and troublesome, but still broke windows occasionally. Paralysis increasing, hardly able to stand.

Several aching teeth removed during next eighteen months, by which time he was totally confined to bed unable to help himself. All limbs rigid, contractures at larger joints, speech very difficult. Constantly drooled saliva. Became gradually more and more helpless, and died from broncho-pneumonia on October 27th, 1934.

Autopsy showed extensive broncho-pneumonic consolidation of both lungs.

Both antra of Highmore full of pus. Pus present in left sphenoid, right sphenoid clear but bone showed marked irregularities indicative of past sepsis.

Bacteriological examination showed the following organisms to be present in the cavities:—Large Gram positive diplococci, *micrococcus catarrhalis*, *staphylococcus aureus*, bacilli, *Paragrunthal*, *Flavidum*, *Hofmann*, *Xerosis*, *Kandensis*.

## CASE 3.

J.H., aged 17 years, single, male, admitted on December 11th, 1930. First certification.

*History.*—Had been noisy, uncontrollable, destructive and deluded for one month prior to admission following encephalitis lethargica. Bilateral otitis media for three years. Family history not psychotic.

*Condition on Admission—Mental State.*—Dull, apathetic, subject to auditory hallucinations. Occasional noisy violent outbursts. Very deluded; said his mother was the Queen.

*Physical Health.*—Poor. Teeth grossly septic. Discharge from right ear. Many signs of Parkinsonism. Mask-like facies, rigidity of limbs, tremor of hands, difficulty in speech. Had to be nursed in bed, requiring every care. Wassermann test negative in both blood and cerebro-spinal fluid.

*Progress.*—General state did not permit of any active treatment beyond removal of a few aching teeth. Remained confined to bed. Ear treated with drops. By 1932 the paralysis had increased, contractures occurred at larger joints, physical state deteriorated.

Died on November 10th, 1934, from broncho-pneumonia.

*Autopsy* showed broncho-pneumonic consolidation of both lungs. Thickened membrane and thin watery fluid in right sphenoid. Mass of pus in anterior portion of right antrum. Left antrum showed many bony spicules indicative of past sepsis. Right middle ear contained watery fluid, adjacent bone being yellowish in colour.

Bacteriological examination of the cavities showed the presence of *staphylococcus aureus* and the following streptococci: *Saprophyticus*, *pyogenes*, *mucosus*, *mixtos*, *Equi* and large Gram positive diplococci.

G.—*Syphilis in Mental Disorder*. By Dr. C. A. KEANE.

*A Summary of results of examination of blood and cerebro-spinal fluid for Syphilis in four hundred and twenty-three cases of Mental Disorder admitted between years 1920-35, but principally between years 1929-35.*

The following results were obtained after examining the blood and cerebro-spinal fluid of 423 cases of mental disorder in men whose ages varied between 16 and 76 years. In the large majority of cases information as to treatment or lack of it before admission was not available. Three hundred and fifty-five cases (83.9 per cent.) gave negative results. Forty cases (9.4 per cent.) were found to have Wassermann test positive in both blood and cerebro-spinal fluid. Of these, 34 cases (8.03 per cent.) had paretic colloidal gold curve. Thirty-seven of these cases (8.7 per cent.) were clinically suffering from general paralysis of the insane.

Twenty-one others (4.7 per cent.) had positive Wassermann in blood only and of these one suffered from general paralysis. Seven cases (1.6 per cent.) had weak positive Wassermann in cerebro-spinal fluid only, the blood being negative, six having negative colloidal gold curves, the seventh, with a paretic curve, being a case of general paralysis.

Of 39 general paralytics, therefore, only one was without positive findings in blood and only one without positive findings in cerebro-spinal fluid.

Of 52 cases of confusional psychosis, three only had positive blood. No case with positive findings in cerebro-spinal fluid.

In 87 primary dementers, there were four cases of positive blood and two others with weakly positive cerebro-spinal fluid only, but negative colloidal gold curves. Sixteen epileptics showed two with positive blood, none with positive cerebro-spinal fluid.

Nine cases of recent mania gave two with positive blood. Twelve cases of recurrent mania gave one positive blood. The findings in cerebro-spinal fluid were negative in all cases of mania. There were two with positive blood out of nine cases of senile dementia, none with positive cerebro-spinal fluid. Out of 23 cases of non-systematised delusional insanity there were three with positive blood, no case with positive findings in cerebro-spinal fluid.

In 38 cases of systematised delusional insanity there was one positive blood and one other with weakly positive cerebro-spinal fluid only, but negative colloidal gold curve.

Thirteen cases of alternating insanity gave one positive blood and one other with weakly positive cerebro-spinal fluid, only, but negative colloidal gold curve.

In six cases of imbecility with epilepsy, one case was found to have Wassermann positive in blood and also weakly in cerebro-spinal fluid. Colloidal gold curve negative.

Of 54 cases of recent melancholia, there were two cases with positive blood, two others with strongly positive cerebro-spinal fluid only, but with negative colloidal gold curves.

One other case had Wassermann positive in both blood and cerebro-spinal fluid and with luetic colloidal gold curve.

All other forms of insanity gave negative results.

## II.—FROM THE CARDIFF CITY MENTAL HOSPITAL.

*General Report*.—By Dr. P. K. McCOWAN, F.R.C.P., D.P.M., Medical Superintendent.

### *Narcotics, Basic Amines and Oxidations of the Brain.*

It has been shown in work carried out during the last two or three years—briefly summarized in previous Board of Control Reports—that not only narcotics but basic amines which may be normally produced in the body have specific inhibitory effects on respiration in the central nervous system,

the oxidation of sugar or its breakdown products being most affected. Typical narcotics having such effects at low concentrations are luminal, chloretone, hyoscine; typical inhibitory amines are isoamylamine, phenylethylamine, tyramine, indole. Mescaline—an amine well known for its production of visual hallucinations—is equally effective. It is of interest that so physiologically important an amine as histamine has been found to have no such inhibitory action.

It has been important to discover, in order to give proper physiological significance to the above results, whether the effects noted above are truly reversible, and are not due to an irreversible toxic action on the cells composing the nervous system.

This has now been carried out using a modification of previous technique, with the result that it is clear that a reversibility of the strong inhibitory actions of narcotics does occur. A complete reversibility, for instance, has been shown with luminal, when this was used at a concentration which brought about 40 per cent. decrease in the respiration of brain cortex. Reversibility also occurs with amines such as mescaline and phenylethylamine. No reversibility was found with indole, and it is still doubtful whether this is due to a toxic action of indole, or whether it is due to an inadequate washing of the brain tissue from the indole in a solution of which it had been suspended.

An interesting point found in these experiments is that the brain tissue *in vitro* comes rapidly into equilibrium with the narcotic or basic amine; a new state of respiration is set up which is steady. As soon as the narcotic or amine is removed from the solution, the respiration of the brain tissue rises practically to the initial (normal) value.

It is evident that the narcotics—used at low but effective concentrations—and some basic amines are not acting as cell poisons, in the sense of creating irreversible damage to the nerve cells; it is more likely that they act by competing with some substrate (possibly lactic acid) for the active surfaces of the brain cells.

(J. H. Quastel and A. H. M. Wheatley.—*Biochem. J.*, 1934, 28, 1521.)

#### *Ascorbic Acid and Liver Oxidations.*

It is evident from what has been said of the inhibitory action of various amines on respiration in the nervous system and the possibility, therefore, of the circulation of such substances contributing to the manifestation of abnormal mental symptoms, that studies should be made of the limits and conditions of detoxication of such substances in the body.

Consideration of this question led first to a study of the oxidation of fatty acids in the liver, this organ being the seat of many detoxications which proceed by an oxidative path. As previously reported, it has been found possible to follow on strictly quantitative lines the oxidation by liver tissues *in vitro* of fatty acids and the resultant production of ketone bodies. A previous statement that glycogen inhibits the oxidation of fatty acids in the liver has been corrected—no evidence now exists that such an inhibition occurs—in fact it is of interest to note that neither glycogen, nor glucose nor lactic acid has anti-ketogenic effects on liver *in vitro*—a result somewhat unexpected in view of the clinical evidence. Clearly much more work must be carried out to indicate the *site* of anti-ketogenesis in the body and the nature of the substances effective in producing antiketogenesis.

A development of this work, in which an attempt has been made to determine the optimum condition for the oxidation of fatty acids, has made it clear that ascorbic acid (Vitamin C) plays some significant part. It has been found that the addition of the vitamin to liver tissue *in vitro* may bring about an increased production of acetoacetic acid from fatty acids—the increase varying from 30 per cent. to 200 per cent. It has also been found that the vitamin secures a prolongation of the maintenance of the *steady* state of respiration of the liver tissue, and it is suggested

that the stimulating effect of ascorbic acid in fatty acid oxidation is really due to this circumstance. It is evident that many factors, inherent in the organization of liver tissue, contribute to the maximum oxidation of fatty acids, and apparently ascorbic acid is one of them.

(J. H. Quastel and A. H. M. Wheatley.—*Biochem. J.*, 1934, 28, 1014.)

#### *Removal of Bromine from the Blood in Cases of Mental Disorder.*

Following on statements that blood bromine has a particularly low value in manic-depressive psychoses, work has been carried out using a reliable method of Br-estimation to determine some of the factors contributing to the variation of Br in the blood. It has been found:—

(a) The rate of removal of bromine from the blood after intravenous injection of sodium bromide is independent of the mental state. Variations in the initial blood bromine levels, found both in normal and mentally abnormal cases, cannot be attributed to differences between the rates of removal of bromine from the blood into the tissues.

(b) After oral ingestion of sodium bromide, the blood-bromine rises markedly in all patients, independently of the mental state. Low blood bromine levels found in certain psychotic patients cannot, therefore, be ascribed to lack of absorption of bromine into the blood stream.

(c) Bromine may appear in the gastric juice in concentrations greater than that in the blood.

(d) During the process of digestion, blood-bromine falls, and the bromine in the gastric juice rises. It is suggested that secretion of bromine into the gastric juice plays some part in determining the normal level of blood bromine.

(J. H. Quastel and E. D. Yates.—*Biochem. J.*, 1934, 28, 1530.)

#### *Prolonged Narcosis.*

Prolonged narcosis has been a recognized form of treatment of mental disorder both on the Continent and in the United States of America for some years. The literature shows that there has been great lack of uniformity as regards technique and much diversity of opinion about its efficacy. One of the strongest arguments against its use has been the definite element of danger on account of the toxicity of the treatment. For this reason, there has been no tendency to adopt the treatment in this country. In a previous communication, a method was described whereby toxic symptoms could be eliminated with doses of narcotic sufficient to produce prolonged sleep.

The present paper summarizes and comments on the therapeutic results in 107 mixed cases of mental disorder, in which a total number of 128 treatments were carried out, somnifaine being used in 117 cases, veronal in 9, and dial in 2.

The first question discussed is the type of disorder in which benefits are most likely to accrue, in the present series a number of chronic, demented cases as well as 13 psychoneurotics being chosen. In the latter, psychotherapy after the treatment was found more efficacious than psychotherapy alone.

*Technique* has been fully described. The patient receives intramuscular injections of somnifaine, 2 cc. being repeated once or twice in the 24 hours, as required. Ten to fifteen units of insulin and sufficient glucose are administered with each dose.

*Results* were classified under each group of mental disorder, and graded as recovered, improved or unchanged. In *schizophrenia* the best results were found in depressed cases, and the least satisfactory in catatonic stupor. In *manic-depressive* cases, 37.7 per cent. recovered directly as the result of the treatment, the duration of their illness being 10-14 days only. Maniacal states were more favourable for treatment than states of melancholia. In *psychoneuroses*, anxiety states in particular showed a satisfactory response, 5 out of 7 being discharged recovered.

The importance of following up the treatment with occupational therapy and with appropriate psychotherapy is stressed.

(R. Ström-Olsen and Muriel L. M. McCowan.—“Prolonged Narcosis in Mental Disorder: Results of Treatment in 107 Cases.”—*J. Ment. Sci.*, October, 1934.)

*The Distribution of Bromide between Serum and Cerebro-spinal Fluid in the Toxic Psychoses.*

The Malamud modification of the Walter colorimetric method for bromide estimation was checked by the Yates titrimetric method and shown to give reliable results.

The distribution ratio depends on the bromide concentration.

This ratio was measured for 43 psychotic patients showing symptoms of toxic origin. The ratio was found to be lowered in the majority of the toxic cases examined, and this was shown to be due, not to an increased retention of bromide, but to an altered distribution ratio characteristic of the toxaemias.

A large number of the cases were studied over an extended period, and it was found that clinical improvement was paralleled by an approximation of the ratio towards normal.

(R. Ström-Olsen and E. D. Yates.—*In the press.*)

*Blood Bromine in the Psychoses.*

In view of the statements, published by Zondek and Bier during 1931-33, that blood bromine varied in normal people from 0.75-1.10 mg. per cent., and that values 40-60 per cent. lower than this were generally found in the manic-depressive psychoses, investigations were made during the year by Drs. Hennelly and Yates into the bromine content of the blood in normal and psychotic subjects with and without bromide treatment. They were unable to confirm the claims of Zondek and other workers that the degree to which bromide is retained in the blood can be correlated with the mental state of the patient. Their conclusions were as follows:—

(1) The blood bromine of normal males varies between 0.6 mg. per cent. and 2.0 mg. per cent., while that of normal females showed wider variations, reaching 0.25 mg. per cent. in one instance.

(2) Of the male psychotics examined, low values were found indiscriminately in all types of schizophrenia, in paraphrenia, manic-depressive psychoses and involutional melancholia. One case of oligophrenia gave considerably low values (average 0.39 mg. per cent.). Psychoneurotics and organic demented gave values within the normal range.

(3) No correlation was observed between changes in mental state and variation in blood bromine.

(4) The estimation of blood bromine was of little value in the differential diagnosis of the manic-depressive psychoses.

(5) Individual blood bromine variations were endogenous in character, and were attributed to fluctuations in distribution of bromide between the blood and the tissues.

(T. J. Hennelly and E. D. Yates.—*In the press. Journal of Mental Science.*)

*Tuberculosis in the Psychoses.*

Work by Dr. Davies on tuberculin reactions is being continued. A quantitative Mantoux Test (intradermal) is being done as a routine on recent admissions in an attempt to find out whether there is any hypersensitivity to tubercle associated with any mental disease, particularly schizophrenia.

The Mantoux Test is supplemented by Arneeth counts, leucocyte-monocyte ratio, sedimentation rates and radiograms of chest.

Professor Cummins, of the Welsh National School of Medicine, has investigated the blood and cerebro-spinal fluid of chronic schizophrenics for the presence of B. Tuberculosis by culture and guinea-pig inoculation.

#### *Chronaxie in Catatonia.*

Dr. S. L. Last is continuing this investigation, the study of which was started last year in collaboration with Dr. R. Ström-Olsen.

#### *The Arithmetical Faculties in Dementia.*

Dr. S. L. Last is carrying out a psychological analysis of the disorders of the arithmetical faculties in various forms of dementia.

#### *Radiographic Department.*

A study of the alimentary tract, by means of the opaque meal, was made in 5 cases during the year.

Radiographic examinations of the accessory nasal sinuses were carried out at the request of the visiting oto-rhino-laryngologist in 13 cases.

For various medical or surgical reasons, 74 other patients were X-rayed during the year.

#### *Routine Pathological Work.*

The following examinations were made :—

*Urine* : ordinary routine examinations, 1,002 ; microscopical, 23 ; bacteriological, 6 ; sugar, albumen and ketones, estimations (in connection with prolonged narcosis), 445 ; urea concentrations, 12 ; urobilin, 2 ; isolated sugar estimations, 19.

*Blood*—Glucose tolerance, 250 ; red cell counts, 249 ; white cell counts, 272 ; differential counts, 11 ; bacteriological examinations, 3 ; icterus index test, 1 ; urea estimations, 10 ; platelet counts, 2 ; examinations for malarial parasites, 375 ; Wassermann tests (done by Dr. W. Parry Morgan of the Cardiff Public Health Laboratory), 300 ; sugar estimations, 2 ; reticulocyte counts, 4 ; other blood films, 17 ; Kahn tests, 23 ; a few Van den Bergh reactions.

*Cerebro-spinal fluid*—Bacteriological examinations, 1 ; colloidal benzoin reactions, 35 ; cell counts, 38 ; Boltz acetic anhydride reactions, 35 ; globulin reactions, 38 ; Wassermann tests, 38 ; Kahn tests, 7.

*Miscellaneous*—Sputum examinations, 62 ; bacteriological examination of faeces, 10. (B. faecalis alkaligenes isolated from one of these ; B. faecalis alkaligenes + B. pyocyaneus isolated from another) ; occult blood in faeces, 1 ; fractional test meals, 8 ; autopsies (80 per cent. of deaths), 45 ; many miscellaneous swab examinations ; a few histological examinations of post-mortem specimens, and specimens obtained from operations ; several bacteriological examinations of sinus washings.

### III.—FROM THE WEST RIDING MENTAL HOSPITAL, WAKEFIELD.

A.—*General Laboratory Report.*—By Dr. C. J. THOMAS, D.P.M., D.P.H., Medical Superintendent.

#### 1. *Widal Examinations for Typhoid and Dysentery of all New Admissions.*

Widal examinations for Typhoid and Dysentery have been carried out on all New Admissions during the year, and the results are tabulated below.

Admissions.	Positive Flexner.	Positive Typhoid.	Negative.	Total.
Male ... ..	1	4	219	224
Female ... ..	13	2	241	256
Total ... ..	14	6	460	480

## 2. Routine Work of the Laboratory.

A summary of the 5,022 routine examinations performed during the year is given below.

Bacteriological examination of faeces, 2,765; Widal's, 740; urine, 222; Wassermann reactions—blood, 138; c.s.f., 87; Lange colloidal gold reactions, 88; colloidal gum mastic reactions, 88; Boltz reactions, 46; histological preparations, 286; sputa, 47; blood counts, 44; hair, 14; pus, 15; faeces for t.b., 11; throat swabs, 10; blood cultures, 8; faeces for occult blood, 6; c.s.f. cell counts and culture, 6; uterine swabs, 3; vomit, 2; taenia segments, 3; milk, bacteriological counts, estimation of fat, etc., 28; milk for t.b., guinea-pig inoculations, 130; other animal inoculations, 205; autogenous vaccines, 30.

145 post-mortem examinations (91 per cent. of deaths) were performed during the year.

*Animal Inoculations.*—During the year, 335 animal inoculations were performed under the provisions of the Home Office Licences.

*Milk Analyses.*—One hundred and thirty samples of milk were examined during the year and in 17 instances samples were found to be tuberculous. Positive results were obtained from bulk samples during April, May, June and July, and from samples obtained from suspected cows during January, March, June, July, August and October.

*Pathological Museum.*—Several new specimens have been added to the collection, the osteological specimens have been cleaned, re-labelled and catalogued. Some 500 photographs have been taken during the year and numerous lantern slides of interesting cases and specimens prepared.

*Diploma in Psychological Medicine.*—The usual facilities for obtaining instruction in post-mortem and histological technique were provided and three candidates were successful in obtaining the Diploma in Psychological Medicine of Leeds University.

## B.—Asylum Dysentery and Allied Infections (*Sixteenth Post-War Report*).—

By Dr. C. J. THOMAS, D.P.M., D.P.H., Medical Superintendent,  
Dr. M. J. McGrath, D.P.M., and Mr. A. L. HOWDEN, F.R.M.S.

### Dysentery.

There were 12 cases of dysentery during the year, 10 females and 2 males. The 2 male cases occurred in the Male Dysentery Isolation Ward 36. Of the 10 female cases, 6 occurred in the Chronic Female Sick Ward 32, one in Ward 27, one in the Female Isolation Hospital, one in Ward F.5, and one in Female Dysentery Isolation Ward 22. Two of the female cases died.

A brief summary of the cases and the bacteriological findings is given below.

1. February 3rd, 1934.—I.H., age 12. Ward 22\*. Admitted 12.12.25. Recovered. Organism isolated: *B. dysenteriae flexner* "Z." This patient had previously suffered from enteric fever in 1927 and dysentery in 1929.
2. March 17th, 1934.—S. H., age 28. Ward 36\*. Admitted 10.10.30. Recovered. Organism isolated—*B. dysenteriae flexner* "V."
3. April 5th, 1934.—M.A.N., age 57. Ward F. Isol. Hosp.\* Admitted 30-8-24. Organism isolated—*B. dysenteriae flexner* "Z." Died 13-4-34. P.M. 5129. The large intestine, particularly the lower two-thirds, showed marked ulceration, thickening and congestion. There was a carcinoma of the caecum, in the region of the ileocaecal valve.
4. September 24th, 1934.—A. P., aged 53. Ward 36\*. Admitted 6-9-34. Recovered. Organism isolated—*B. dysenteriae flexner* "V."
5. November 12th, 1934.—E.N., age 33. Ward 27. Admitted 22-3-32. Recovered. Organism isolated—*B. dysenteriae flexner* "Z."
6. November 15th, 1934.—A.C., age 67. Ward 32. Admitted 21-1-21. Recovered. Organism isolated—*B. dysenteriae flexner* "Z."

\* Dysentery Isolation Wards.

7. November 19th, 1934.—E. H., age 49. Ward 32. Admitted 22-4-32. Recovered. Organism isolated—*dysenteriae flexner* "Z."
8. November 19th, 1934.—L.B., age 49. Ward 32. Admitted 5-1-32. Recovered. Organism isolated—*B. dysenteriae flexner* "Z."
9. November 20th, 1934.—C.S., age 56. Ward 32. Admitted 11-7-33. Organism isolated—*B. dysenteriae flexner* "Z."  
Died 8-12-34. P.M. 5218. Intestines: There was moderate congestion of the ileum, severe congestion of the caecum and part of the ascending colon; rest of the colon healthy. No ulceration. The cause of death was gangrene of lung and thrombosis of pulmonary artery.
10. November 24th, 1934.—A.D., age 68. Ward F.5. Admitted 11-6-25. Recovered. Organism isolated—*B. dysenteriae flexner* "Z."
11. December 3rd, 1934.—A.B., age 53. Ward 32. Admitted 4-7-33. Recovered. Organism isolated—*B. dysenteriae flexner* "Z."
12. December 18th, 1934.—A.L., age 39. Ward 32. Admitted 5-7-31. Recovered. Organism isolated—*B. dysenteriae flexner* "Z."

It is interesting to note that, although the 10 female cases occurred in four different wards in the hospital, the organism isolated, type "Z," was the same in each case and that the organism isolated from the two male cases was a different type, viz., "V." The six cases of dysentery in Ward 32, followed the transfer of the patient E.N. from Ward 27 to Ward 32, at intervals of 3 days, 7 days, 8 days, 11 days and 36 days, and provides a useful illustration of the inadvisability of transferring "suspected cases" to wards other than those set apart for the isolation of dysentery cases.

The bacteriological examination of all contacts in Wards 27 and 32 on 15.11.34 and 19.11.34 failed to reveal the presence of any carriers, and suggests that the outbreak in Ward 32 was the result of case-to-case infection. All the cases were bed patients.

The patients and staff in Wards 27 and 32 were inoculated with *B. flexner* "Z" vaccine on 27.11.34 and 6.12.34.

*Anti-dysenteric Vaccines.*—During the past few years, varying opinions have been expressed with regard to the value of prophylactic inoculations as an aid to the control of asylum dysentery.

Experimental investigations have been carried out during the year, to determine, if possible, the value of vaccines prepared from the flexner type of bacilli usually isolated from cases of dysentery in Mental Hospitals.

Encouraging results have been obtained with inoculated mice, but it is desirable that further experiments be carried out and results repeated, before any statements can be made.

*Routine Bacteriological Examination of Faeces from New Admissions.*—During the year, one male patient was found to be excreting *B. dys. sonne* and one female patient was excreting *B. morgan* No. 1 on admission to hospital. Negative results were obtained for organisms of the typhoid and flexner groups of bacilli.

#### *Enteric Fever.*

There were no cases of Enteric Fever during the year.

#### *Typhoid Carriers.*

One typhoid carrier died during the year. This patient, detected as a carrier on 19.1.28, was a persistent excretor up to the time of her death. At post-mortem the gall-bladder was found to contain a large stone, about the size of a walnut. *B. typhosus* was isolated from the centre of the stone and from the bile.

There are now six typhoid carriers isolated in Ward 21. We have continued to use Wilson and Blairs' agar and also Wilson and Blairs' enrichment medium in addition to MacConkey's medium for the isolation of *B. typhosus*. The results of the examinations of the faeces from our typhoid carriers are given below.

1. A.E.C., age 83. Admitted 12-11-03. Detected as a carrier (typhoid) 19-1-28. Died 9-5-34.

<i>Medium.</i>	<i>No. of specimens examined.</i>	<i>No. positive.</i>	<i>No. negative.</i>
MacConkey ... ..	22	17	5
Wilson and Blair's agar ... ..	22	20	2
W. and B's. enrichment medium ...	20	16	4

2. A.B., age 76. Admitted 24-3-96. Detected as a typhoid carrier 16-10-30.

<i>Medium.</i>	<i>No. of specimens examined.</i>	<i>No. positive.</i>	<i>No. negative.</i>
MacConkey ... ..	51	50	1
Wilson and Blair's agar ... ..	51	50	1
W. and B's. enrichment medium ...	50	45	5

3. E.M.R., age 56. Admitted 13-8-25. Detected as a typhoid carrier 23-10-30.

<i>Medium.</i>	<i>No. of specimens examined.</i>	<i>No. positive.</i>	<i>No. negative.</i>
MacConkey ... ..	51	37	14
Wilson and Blair's agar ... ..	51	40	11
W. and B's. enrichment medium ...	51	36	15

4. E.L., age 59. Admitted 5-11-15. Detected as a typhoid carrier 2-12-30.

<i>Medium.</i>	<i>No. of specimens examined.</i>	<i>No. positive.</i>	<i>No. negative.</i>
MacConkey ... ..	51	43	8
Wilson and Blair's agar ... ..	51	48	3
W. and B's. enrichment medium ...	51	50	1

5. J. W., age 42. Admitted 4-12-17. Detected as a typhoid carrier 17-9-32.

<i>Medium.</i>	<i>No. of specimens examined.</i>	<i>No. positive.</i>	<i>No. negative.</i>
MacConkey ... ..	51	3	48
Wilson and Blair's agar ... ..	51	12	39
W. and B's. enrichment medium ...	51	34	17

6. E.D., age 54. Admitted 6-10-33. Detected as a typhoid carrier 9-11-33.

<i>Medium.</i>	<i>No. of specimens examined.</i>	<i>No. positive.</i>	<i>No. negative.</i>
MacConkey ... ..	51	0	51
Wilson and Blair's agar ... ..	51	0	51
W. and B's. enrichment medium ...	51	3	48

7. A.M.T., age 70. Admitted 8-9-27. Detected as a typhoid carrier 19-10-33.

<i>Medium.</i>	<i>No. of specimens examined.</i>	<i>No. positive.</i>	<i>No. negative.</i>
MacConkey ... ..	51	46	5
Wilson and Blair's agar ... ..	51	48	3
W. and B's. enrichment medium ...	51	47	4

The results of these examinations are summarized below.

<i>Medium.</i>	<i>No. of specimens examined.</i>	<i>No. positive.</i>	<i>No. negative.</i>
MacConkey ... ..	328	196	132
Wilson and Blair's agar ... ..	328	219	109
W. and B's. enrichment medium ...	325	231	94

The bacteriological control of typhoid carriers in mental hospitals is an essential laboratory procedure, and these results demonstrate very clearly the superiority of Wilson and Blair's media.

The results obtained from carriers Nos. 5 and 6 are particularly noteworthy, and illustrate the importance of the continuity of the weekly examinations of faeces throughout the year.

#### C.—*Experimental Infection of Rabbits with S. pallida.* By Dr. H. Burt, D.P.M.

Attempts have been made to produce lesions in rabbits with *S. pallida*. Spirochaetal fluids, obtained from primary sores, brain tissue from cases

of g.p.i. and from an experimentally infected rabbit, have been injected intra-testicularly into several rabbits.

As yet only negative results have been obtained, but it is hoped to use spirochaetes cultivated from such sources for the observation of the reaction of the nervous tissue to experimental spirochaetal inoculation.

#### D.—Publication.

“Intra-ventricular haemorrhage.” By Dr. C. L. COPELAND, D.P.M. *Lancet*, October 6th, 1934. P. 757.

#### IV.—FROM THE WEST RIDING MENTAL HOSPITAL, WADSLEY, SHEFFIELD.

*General Report on the Clinical and Pathological Investigations by the Medical Staff of the Institution.* By Dr. ARTHUR POOL, M.R.C.P., D.P.M., Medical Superintendent.

#### *Routine Laboratory Work.*

The work of the laboratory is carried out by Dr. F. T. Thorpe, assisted by Mr. W. H. B. Vincent. The following is a summary of the work undertaken during the year 1934 :—

Urines: Routine, 1,100; sugar estimations, 34. Faeces: *B. typhoid* and dysentery, 650; *B. tuberculosis*, 224; occult blood, 14; fat content, 1. Blood: Citochol reaction of Sachs-Witebsky, 414; Widal's, 443; counts, 104; group tests, 34; Van den Bergh, 5; culture, 3; films, 142; urea estimation, 6; N.P.N., 36; cholesterol, 52; sugar, 15; glucose tolerance tests, 3. Cerebro-spinal fluid: Cells, protein, globulin, colloidal gold, Takata Ara, 40; urea, 6. Bacteriological: Swabs, 42; pus and fluids, 7; sputa, 75; hairs for ringworm, 8. Disinfectant tests, 16. Milk: Bacterial content, 6; chemical analyses, 14. Histology: Brains sectioned, 40; other organs, 25. Post-mortem examinations, 139 (93 per cent. of deaths).

*Intestinal Infections.*—One case of typhoid fever occurred in December and the source of the infection was traced to an old carrier who was found to be excreting *B. typhosus*.

There were four new cases of dysentery and in each *B. Flexner* W.Y. was isolated from the faeces. Two new dysentery carriers were detected. Three dysentery carriers died, one from epilepsy and the other two from recurrent acute dysentery.

The epileptic was a persistent intermittent carrier for several months previous to death and at the post-mortem several small pitted ulcers, the size of a pin's head, were found in the walls of the descending colon. These chronic ulcers undoubtedly formed a nidus for the parasitic existence of the dysentery bacilli thus leading to their intermittent discharge in the stools.

*Milk.*—Periodical examinations of the farm milk were carried out during the year. The bacterial purity is being maintained at a satisfactory standard (Grade A), but chemical analysis revealed an excessive disproportion between the fat content of the morning and evening supplies. Steps were accordingly taken to counteract this.

*Disinfectant Tests.*—Several proprietary antiseptics were examined with a view to selecting the most suitable for use in the wards and laundry. The method adopted was a modification of Jensen's cover-slip method (Jensen and Jensen—*Journal Hygiene*, November 1933, 33:4, p. 485) using faecal smears as the test material instead of a staphylococcus culture. The method proved very successful and much useful information was obtained.

*Examination of Faeces for B. Tuberculosis.*—This procedure has been an invaluable aid in the diagnosis of pulmonary tuberculosis. The difficulty of detecting this disease in the early stages is well recognised and is mainly due to the lack of co-operation during the physical examination and to the fact that many patients swallow their sputum.

In our opinion an examination of the faeces for T.B. should be made on every patient who has shown a loss in weight.

During the year, 224 specimens of faeces were examined, and in 41 patients positive results were obtained. Of the latter, in 9 cases the sputum was also positive, in 8 cases the sputum was negative, while in 24 cases sputum was not obtained, and in the majority unobtainable.

*Familial Degeneration of the Cerebellum in Association with Epilepsy.*  
(A Report of two cases, one with pathological findings.)

By Dr. F. T. THORPE, D.P.M.

In a family of 12 members, two epileptic brothers developed a cerebellar syndrome at approximately the same age, viz., 41 and 37 years respectively. The anatomical basis of the cerebellar symptoms was ascertained in the elder brother after a duration of five years and was found to be a gross generalized cerebellar atrophy of a pure cortical type. It was a typical diffuse atrophy characteristic of the so-called delayed cerebellar atrophies and quite different from the focal areas of degeneration which Spielmeyer finds in the cerebellar cortex of most epileptic brains. Further, epileptic fits had been present since the age of 3 in the case of the elder brother and 17 in the case of the younger. It was concluded therefore that the cerebellar lesions in both cases represented a primary degeneration or abiotrophy and that the association with epilepsy was accidental and merely represented the not uncommon occurrence of a predisposition to two independent nervous disorders in one individual.

(Submitted for publication in *Brain*.)

*Some Observations on Doglio's new method of Staining Tubercle Bacilli.*

By Mr. W. H. B. VINCENT.

In this short paper results were given of 133 specimens of faeces stained by the ordinary Ziehl-Neelson method and by Doglio's new rapid method (Abstract, *Arch. Path.*, Jan. 1933, 15 :1), which consists in a brief application of hot carbol fuchsin followed by a solution of brilliant yellow in acid alcohol.

A comparison of the two methods was made by counting the number of acid-fast bacilli seen in 200 consecutive fields. Doglio's method gave 26 positives as compared with 17 by the Ziehl-Neelson method, and even in those cases in which both methods were positive Doglio's staining revealed a greater number of bacilli.

The results appeared to substantiate the claims of Doglio's method, in that it is rapid and simple, is equally as reliable as the Ziehl-Neelson method, and the bacilli are shown clearer and more numerous (probably owing to the lighter background), thereby facilitating the diagnosis, especially where the bacilli are scanty.

(Submitted for publication in *The Laboratory Journal* of the P.B.L.A.A.)

*X-Ray Department.*—The work of this department continues to be carried out by Dr. Elisabeth Sykes :

*X-Ray Department.*—Total X-rayed, 185 ; males, 90 ; females, 52 ; staff, 43 ; Number of films, 308 ; average per patient, 1.6.

*Electro-Therapeutic Department.*—Total number treated, 30 ; males, 15 ; females, 5 ; staff, 10 ; total attendances, 451.

*Dentist's Department.*—The Visiting Dentist, Mr. W. J. Law, L.D.S., continues to carry out the work of this department :—

	Number seen.	Extractions.	Various.
Males ... ..	259	303	97
Females ... ..	208	268	96
Total ... ..	467	571	193

*Treatment of General Paralysis.*

The treatment of general paralysis of the insane by induced malaria has been continued. Twenty cases (17 males and 3 females) were inoculated during the year. Five males made improvement and were discharged "recovered." The number of cases in the hospital at the end of the year was 50 (males 42, females 8). The total number treated since 1924 has been 291. Of these, 248 were men and 43 women. The number discharged as "recovered" has been 94 (males 83, females 11) and 16 cases (9 males, 7 females) were sent out as improved into the care of their friends. The number of deaths which have occurred in treated cases has been 111.

*Anthropological Investigations.*—By Dr. J. L. CLEGG, D.P.H., D.P.M.

One hundred male cases of schizophrenia, 100 male cases of manic depressive insanity and 100 normal males (drawn from the staff of the hospital), have been examined anthropometrically, with a view to determining whether there were any differences in body proportions associated with differences in mental state.

As a result of these investigations, small but significant differences between the three groups were found. These may be summarized as follows:—

1. The stature of the insane was less than that of the sane.
2. The cranial capacity of the insane was likewise less than that of the sane.
3. The difference in cranial capacity was mainly due to diminution of head length and height, except in the case of manic depressive insanity, where the skull was also defective in breadth.
4. Apart from lack of height, when viewed from the front, there was no departure from the normal in the shape of the skull amongst the insane.
5. The face was somewhat narrower in the insane than in the sane and this narrowness was most marked in the lower part of the face in the schizophrenic type of patient.
6. As opposed to the schizophrenic type, the face of the manic depressive was shorter and more "shield-shaped" in outline.
7. The nose tended to be longer in the insane than in the sane and in the schizophrenic patients was also narrower.
8. The upper lip of the schizophrenic was shorter than that of either of the other two groups.
9. The ear of the schizophrenic was also both shorter and narrower than that of either of the other two groups.
10. The proportion of the trunk to the leg was less amongst manic depressive patients than amongst schizophrenics or normal individuals.
11. Consequent on the above, the legs of the manic depressives were proportionally longer than those of the other two groups.
12. The length of the arm was less in the insane than in the sane, this being most noticeable in the schizophrenic group.
13. Narrowness of the pelvis was common amongst schizophrenic patients and increased pelvic width was common amongst manic depressives.
14. The shoulders were narrower in the insane than in the sane.
15. The neck of the insane was shorter than that of the sane.

*Publication.*

"The Prognosis and Treatment of Chronic Epidemic Encephalitis."—By Professor ARTHUR J. HALL, M.A., D.Sc., F.R.C.P. (*The Practitioner*, July 1934.)

*Mental Out-Patient Clinics.*

At the *Royal Infirmary, Sheffield*, under Drs. A. G. Yates, Gillespie and Clegg, the work carried out during the year has been as follows:—

Number of new cases	...	...	...	...	...	157
Number of attendances of old cases	...	...	...	...	...	787
Classification of new cases—						
Manic depressives	...	...	...	...	...	19
Dementia praecox	...	...	...	...	...	5
Epilepsy	...	...	...	...	...	17
General paralysis of insane	...	...	...	...	...	5
Psychoneuroses	...	...	..	...	...	54

Various psychoses ... ..	23
Involucional cases ... ..	34
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At the *Royal Hospital, Sheffield*, under Drs. E. F. Skinner, Mathieson and Elisabeth Sykes :—

Number of new cases ... ..	62
Number of attendances of old cases ... ..	1,568
Classification of new cases—	
Manic depressive ... ..	22
Psychoneuroses ... ..	7
Epilepsy ... ..	8
Confusional types ... ..	5
Dementia praecox ... ..	8
General paralysis of insane ... ..	2
Paranoia ... ..	2
Imbecility ... ..	4
Post-encephalitis and other types ... ..	4
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At the *Alma Road Hospital, Rotherham*, under Drs. G. E. Mould and F. T. Thorpe :—

Total number of attendances ... ..	1,255
Total number of patients ... ..	151
Number of new cases ... ..	97
Classification of new cases—	
Neurasthenia ... ..	22
Psychoneuroses ... ..	17
Melancholia ... ..	16
Dementia praecox ... ..	8
Delusional ... ..	5
Dementia paralytica ... ..	1
Brain lesions ... ..	2
Arteriopathic ... ..	2
Epilepsy ... ..	13
Mental deficiency ... ..	9
Confusional ... ..	2
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#### V.—FROM THE WEST RIDING MENTAL HOSPITAL, MENSTON, LEEDS.

*General Report.*—By Dr. R. CLIVE WALKER, Medical Superintendent.

##### A.—Routine Laboratory Work.

The following is a summary of the work carried out during the year.

*Histological.*—Pathological tissues, 7 ; blood films and differential counts, 35 ; haemoglobin estimations, 7. *Bacteriological.*—Faeces for typhoid dysentery group, 210 ; pathological material from farm, including bloods for b. abortus agglutination tests, 19 ; milk samples, 75 ; Meinicke clarification tests, 207 ; Widal reactions, 1,566 ; Kahn tests, 23 ; sputa, 42 ; urines, cultures, etc., 71 ; sewage effluents, 29 ; miscellaneous (throat swabs, etc.), 17. *Chemical.*—Blood urea, 2 ; blood sugar, 15 ; quantitative urines (sugar, etc.), 528. *Post-mortem examinations.*—93 (63 per cent. of deaths).

##### B.—Enteric and Dysentery.

Two cases of enteric fever occurred in January. Both were of mild type and agglutination tests showed the infection to be one of b. para-typhoid B. Systematic investigations comprising the examinations of sera from 522 patients in the infected and adjacent wards, the plating of stools from cases known to have suffered from “indeterminate illness” during the previous year, and the regular examination of sewage effluents using the

Blair and Wilson technique failed to yield trace of a carrier. The infection is believed to have been imported into the hospital in a meat pie known to have been consumed by these two patients only.

As usual cases of diarrhoea have been few, and in one case only was an agglutination reaction to b. Flexner "Y" obtained during convalescence. The occurrence of this one case in a patient in a chronic block shows that the institution is not entirely free from the risk of an epidemic of dysentery though no carrier is known. In view of this possibility all cases of illness without "blood and mucus" but with clinical toxæmia are the subjects of special investigation.

#### C.—*Abortus Infection.*

The number of cases of abortus infection among cattle at the farm has shown a tendency to increase and the laboratory is presently engaged in checking by systematic serological tests the value of prophylactic immunization. So far no milk (except from beasts known to be infected) has yielded positive reactions and no cases of undulant fever have occurred among the patients.

### VI.—FROM THE WEST RIDING MENTAL HOSPITAL, STORTHERS HALL, KIRKBURTON.

*General Report on Clinical and Pathological Investigations by the Medical Staff of the Hospital.* By Dr. C. W. EWING, D.P.M., Medical Superintendent.

#### A.—*Routine Laboratory Work.*

During the year 3,778 examinations were carried out in the Hospital laboratory by the medical staff and Mr. J. A. Burgess, the Technical Assistant. These included serological tests on all admissions for the Wassermann and Meinicke Clarification Reactions for syphilitic infection and for the Widal Reaction for typhoid and dysentery.

Blood: Meinicke K.R., 332; W.R., 332; Widal's, 1,142; malarial films, 88; cell counts, 80; differential counts, 21; sugar estimations, 5; cultures, 3; calcium content, 1. C.s.f.: W.R., 35; colloidal gold reaction, 35; Ross-Jones globulin test, 35; Boltz acetic anhydride test, 35; cell counts, 35. Dejecta: Stool cultures, 548; urines, 442; urine estimations of glucose, 60; ketone tests, 170; Ehrlich's Dräys reaction, 1; sputa, 34; throat swabs, pus examinations, etc., 47; milk, 12; hair for parasites, 1; stomach contents, 2; pathological sections, 126; water, 2; Rideal and Walker test, 1; post-mortems, 153 (81 per cent. of deaths).

The following is a summary of the blood reactions to the Wassermann and Meinicke tests on all admissions over a period of six years, 1929-34:—

Admissions.			W.R.+	M.K.R.+
Males	...	1,259	165 (13·10 per cent.)	151 (11·99 per cent.)
Females	...	1,326	78 ( 5·88 per cent.)	78 ( 5·88 per cent.)
Total	...	2,585	243 ( 9·40 per cent.)	229 ( 8·86 per cent.)

*The Meinicke Clarification Reaction.*—We have found this easily-performed test to give agreement with the Wassermann blood reaction in approximately 99 per cent. of 229 admissions.

*C.S.F.*—Of the 243 patients giving a positive blood reaction out of our total of 2,585 admissions for the past six years, the c.s.f. was subjected to this test in 219 instances: 124 males (56·62 per cent.) and 49 females (22·37 per cent.) gave positive reactions.

*Widal Reaction.*—None of the admissions or new staff gave strong positive reactions in either the dysentery or enteric groups. In no case

was the titre of the reaction high enough to warrant isolation, but in cases where a slight reaction was given the faeces were plated at intervals with negative results.

*Enteric.*—One case of enteric occurred on the female side. We were unable after an intensive investigation to discover the source of infection.

*Dysentery.*—There occurred seven cases of dysentery (2 males and 5 females). Four carriers were detected and isolated.

#### B.—Two Cases of Cerebral Tumour.

CASE 1.—E.C. Female patient. Admitted September 1932, aged 34. Twelve months previously had right temporal decompression operation.

*Physical state on admission.*—Optic neuritis with atrophy of right disc. Pupils unequal; R > L. Did not react to light; slight to accommodation. K.j. normal; plantar weak extensor. No a.c. Some degree of paresis right arm and leg. Tendency to fall to left. Marked Rombergism.

*Mental state.*—Complete confusion with facility and childishness. Rapid deterioration with total loss of vision. Took several epileptiform seizures affecting right arm and leg. Persistent headache and giddiness but no vomiting. Died April 4th, 1934.

*Post-mortem.*—Dura mater thickened and adherent round opening of operation. Convolutions flattened and compressed. On section through corpus callosum a soft tumour was found embedded in splenium. About size of a walnut, measuring 2 cm. by 2.5 cm. Appeared encapsulated except for a small area on anterior superior surface. Microscopical section revealed characteristics of simple glioma. Fairly vascular, vessel walls well formed. There was also an area of softening in visuo-sensory cortex of left occipital lobe. This was a case of tumour at posterior end of corpus callosum, which clinically presented symptoms suggestive of localization in left Rolandic area.

CASE 2.—J.W. Male patient. Admitted January 1934, aged 49. Vagrant. No history obtainable.

*Condition on admission.*—Unable to stand or walk. Owing to extreme restlessness and non-co-operation it was impossible to determine condition of reflexes or of fundi.

*Mental state.*—Profound confusion, speech incoherent and unintelligible. Resistive, faulty in habits, required spoon-feeding. Mental state rapidly deteriorated. Severe vomiting of projectile type constant from admission up to death. Died ten days after admission.

*Lumbar puncture.*—C.s.f. under increased pressure. Ross-Jones, Boltz, Wassermann, all negative. Lange's colloidal gold, 0000122110.

*Post-mortem.*—Enlargement and oedema of both cerebral hemispheres. Convolutions markedly flattened and pattern indistinct. On palpation right hemisphere more tense than left. On section left hemisphere shows swelling, slight hydrocephalus, ischaemia, no evidence of metastases. Right hemisphere, white matter from genu of corpus callosum to near occipital pole of cerebrum, was almost entirely replaced by new growth. No line of demarcation between tumour and brain substance. Mass soft, pulpy, haemorrhagic, basal ganglia not involved. Microscopical examination revealed the neoplasm to be a spongio-blastoma.

#### C.—The Enumeration of the Blood Platelets in Mental Disorder. By Dr. D. K. BRUCE, D.P.M.

On looking through the literature relating to the blood picture in various types of mental disorder I find that most workers report that they have been unable to co-relate any constant change in the blood with any particular type of psychosis and, they conclude, that the performance of a blood count is one of the least important examinations in the laboratory investigation of mental disorder. These workers have confined themselves to the red and white cell counts only and, it is surprising that relatively little attention has been given to the study of the third element of the blood, the blood platelets, in this connection. It is now almost universally accepted that the blood platelet is a constant element in normal healthy blood and it has been shown (both experimentally) that in both health and in disease the platelets fluctuate independently of the red and white cells. In toxic conditions there is a very definite measure of agreement that the platelets fall in the acute stages, and during convalescence their

numbers tend to increase, after which there is a gradual fall to the normal limits. This constant behaviour of the platelets has been observed in certain acute infectious diseases, in pneumonia and in typhoid fever. It is suggested by some observers that the platelets have an important function in eliminating foreign bodies from the blood or play some part in establishing a state of immunity to infection. This part played by the platelets in the sterility of the blood stream suggests an explanation for their reduced numbers in acute infections; their diminution would be due to the using up of the platelets in removing and destroying infective agents. The present work gives the results of an attempt to show that this same parallelism between the platelets and toxins also exists during certain phases of mental disorder and, in these particular cases, a toxin from a focus of infection can be assumed to be the causative agent in producing the psychosis.

It is to be regretted that there is no standard method of counting the platelets. With each technique different counts are obtained and some consider that the method which gives the highest figure to be the most accurate. Platelets are easily damaged; they can be disintegrated by the pressure of the cover-slip; they also clump very easily, either to each other or to the red blood corpuscles. It is of the utmost importance to obtain a diluting fluid and to employ such methods as do not damage the platelets and also to prevent their clumping. With the method described by Cumings, and used throughout this series of investigations, there is no clumping; this is partly the result of using paraffined containers, the small platelets are not damaged, but well preserved, due to the addition of mercuric chloride to the diluting fluid.

These are the results of male cases only, the patients chosen were mainly recent admissions, except for a number of cases of Schizophrenia. All were under the age of 55 years and free from intercurrent disease, thus eliminating any fallacy that could be due to diseases of the blood and organs and to senility. The examinations were performed at the same time each morning—four hours after breakfast, no medicine was administered for twelve hours previously, the patients were kept resting in bed all morning so that the platelets could not be affected by substances and drugs in the blood or from fatigue and exercise.

The cases will be subdivided into groups which will be considered separately and the following is a summary of the results obtained:—

*Acute Mania.*—Three cases of mania are submitted first as in these cases a blood platelet examination was performed each day during the full course of the acute excitement.

On examining the figures it is clear that on the days after admission there was a marked diminution in the circulating platelets of the blood and that this diminution remained at a low level during the four days in which the patients were uncontrolled and the mental symptoms were most acute. On the next three days, while the patients were in the "Stadium Debilitatis" there was a rapid rise in the platelet numbers and this increase rose to normal on the third day of this stage. On the first day of the convalescence the platelets exceeded the normal numbers for one day only, after which they fell to normal and remained at this level.

Another important feature regarding the behaviour of the platelets was noted. Platelets are generally described as varying in size and shape, some being half the size of a red blood corpuscle and rounded or pointed in shape, but in the acute stages of the maniacal attack no large or intermediate forms were observed, all being small, rounded, with well defined edges and about 1/16th the size of a red cell. The larger forms returned when the platelet count began to rise and during the convalescence their shape and size was normal.

In other four cases of mania decreased counts were noted during the acute stages but, in two cases in which the acute symptoms lasted 3/4

weeks, the platelets were normal or slightly increased and no decrease was noted until 2/3 days before the patient became controlled and with the subsidence of the excitability the platelets returned to normal numbers.

*Acute Melancholia.*—Four cases were examined and it was found that the platelets were decreased until the subsidence of the depression.

*Manic-Depressive Insanity.*—During remissions the platelet count was normal but during relapse was diminished.

*Dementia Paralytica.*—Ten cases suffering from this condition were examined and in these cases a slightly altered type of platelet predominated, chiefly recognized in advanced cases. The platelets were large, irregularly shaped and darker in appearance and the numbers were reduced.

*Primary Dementia.*—In this group twenty cases were investigated and a slight increase in the number of platelets was noted.

*Delusional Insanity, Chronic Mania and Chronic Melancholia.*—No variation from the normal was observed in these groups.

*Dementia: Senile and Secondary.*—These cases gave normal findings except in three instances which showed a marked increase during exacerbation of the mental symptoms.

### Conclusions.

It would appear reasonable to assume that in those cases which showed a fluctuation of platelets during the acute stages of their illness a toxic aetiological factor was present producing the psychosis, particularly as the rise and fall of the circulating platelets conform with the findings reported in febrile and generalized toxic conditions.

From a general consideration of the cases investigated, it is apparent that during the acute phases the neurotoxin acting on the cortical cells is at the time greatest in its intensity and in consequence the platelets acting as agents in the elimination of the toxic substances from the blood are being in the process used up and undergoing reduction in numbers. With the subsidence of the acute symptoms the rise in the platelet count indicates the neutralization of the toxæmia and their return to the general circulation. The increase of the platelet count at the beginning of convalescence in the cases of mania indicates the degree of reaction in the bone-marrow, and their subsequent return to normal indicate the elimination of the toxic exciting element during convalescence.

The absence of the larger forms of platelets observed in cases of mania may possibly be accounted for by their being used up and to their replacement by the less mature forms following the stimulation of the bone-marrow.

In the cases of dementia paralytica the decreased count and aberrant type of platelet might be explained by the lowered power of response in the bone-marrow itself and other blood forming tissues as a result of the prolonged action of the syphilitic toxin.

### D.—The Blood Coagulation Rate in relation to Mental Disorder.—By Dr. D. K. BRUCE, D.P.M.

I have frequently had in interviews with the relatives of patients a history that following injuries or operations, such as dental extractions, the patient did not bleed at all or that the amount of bleeding was notably small in quantity. The frequent insistence of this and with the added remark that had the degree of bleeding been greater, the patient would not have suffered the mental breakdown, suggested to me that an investigation on the clotting time of the bloods of patients suffering from various types of psychosis might lead to some definite result.

On looking over the reports from previous observations on the question of blood coagulability generally, but excluding the hæmorrhagic diathesis, I found that no definite conclusions had been arrived at but that where carefully controlled methods had been applied the results indicated that the coagulation rate might be either increased or decreased in certain conditions. Changes have been found in the coagulation rate in patients

who were critically ill when the blood was tested. In pneumonia, during the acute stages there is a definite and considerable lengthening of the clotting time which becomes normal after the crisis, while in typhoid fever it is reported that there is delay in the clotting time during the febrile stages and when the temperature returns to normal the clotting time rapidly shortens.

The method used by me in this series of investigations is that described by Pickering who claims that this method has the advantage over other methods in that the blood is obtained direct from a vein, it does not come in contact with tissue juices and there is no congestion of the capillary vessels when the puncture is made.

For the purpose of this investigation 100 male patients, all in good physical health and free from intercurrent disease, but suffering from the various types of the psychoses, were selected. In all the cases normal readings were obtained, except in three cases of acute mania which gave an irregular and increased time factor in the clot formation. Two of these cases of mania died from exhaustion within 36 hours after the blood was tested and could be regarded as being critically ill at the time, while the third case had extensive bruising over his body which might have had some effect on the clotting rate.

#### *Conclusion.*

I am led to the opinion that there is no difference in the clotting rate of the blood *in vitro* in patients suffering from mental disease, *per se*. It would be reasonable to expect that, in those cases in which there was a definite history of no bleeding following the extraction of teeth, the capillaries were closed due to damage of the endothelium by chronic pyorrhoea and septic sockets.

### VII.—FROM THE LANCASHIRE COUNTY MENTAL HOSPITAL, WHITTINGHAM, PRESTON.

*General Report.*—By Dr. A. R. GRANT, Medical Superintendent.

*Laboratory Work.*—The following is a summary of the work carried out during the year 1934 :—

Urine : Routine tests, 4,814. Blood : Meinicke reactions, 537 ; total counts, 57 ; microscopical, 34 ; malarial, 2,920 ; sugar, 9 ; urea, 2 ; cultures, 5 ; agglutination tests, 3,140. C.S.F. : Globulin, 479 ; sugar estimations, 479 ; cell counts, 479 ; colloidal gold, 479 ; colloidal gamboge, 479. Bacteriological : Faeces, 947 ; faeces examined for T.B., 419 ; sputa, 110 ; pus, 43 ; throat swabs, 66 ; urine, 113. Gastric contents, 8. Vaccines, 3. Histology, 120. Photographs and lantern slides, 531. Post-mortem examinations, 80 (41·6 per cent. of deaths).

*X-Ray Department.*—Total X-Rayed, 147 (males 37, females 53, staff, etc., 57) ; number of films, 229.

*Ultra-Violet Ray Department.*—Patients treated, 382 ; attendances, 6,428. Staff treated, 89 ; staff attendances, 609. Total number of patients and staff treated, 471 ; total number of attendances, 7,037.

*Treatment of General Paresis.*—The treatment of General Paresis by induced malaria has been continued, and the results have been very satisfactory. Tryparsamide has also been used either alone or in conjunction with malaria, but the treatment of General Paresis with Colsul has been discontinued.

The total number of patients treated with malaria since 1922 has been 477.

*Dysentery and Colitis.*—Sporadic cases have occurred during the year, but the measures taken have proved effective in preventing the spread of infection. Apart from the usual laboratory investigations of blood,

urine and faeces, all carriers have been segregated. One female patient (F.W.) was admitted suffering from typhoid fever. A new female isolation hospital is shortly to be built.

*Mental Out-Patient Clinics.*—At the Royal Infirmary, Preston, the number of new cases was 58 and the total number of attendances 183.

The clinics at Blackburn Royal Infirmary and Burnley Victoria Hospital are also attended by members of the medical staff in a consultation capacity.

#### VIII.—FROM THE LANCASHIRE COUNTY MENTAL HOSPITAL, WINWICK, WARRINGTON.

*General Report.*—Communicated by Dr. F. M. RODGERS, O.B.E., Medical Superintendent.

##### A.—*Routine Laboratory Work.*

Urine examinations: General, 4,913; microscopic, 1,179; estimations of sugar, albumen, etc., 25; bacteriological, 4. Blood examinations: Counts, 8; malarial films, 926; micro-Meinicke, 144; micro- and macro-Meinicke, routine Kahn and presumptive Kahn, 86; Sachs-Georgi, 11; sent away for Wassermann, 55. Spinal fluid examinations: Cell count, globulin test, protein estimation and colloidal gold, 91; routine Kahn, 81; Sachs-Georgi, 9; sent away for Wassermann, 27. Other fluids, 11. Histological, 7. Bacteriological examinations: Pus, etc., 11; throat swabs, 10; sputa, 55; urines, 4; blood, 1; faeces, for typhoid and dysentery, 46; faeces, for T.B., 84; faeces, for worms, etc., 8; vaccines, 1. Photographs, 355. Post-mortems, 37 (38.5 per cent. of deaths).

##### B.—*Malarial Treatment of Male General Paralysis.* By Dr. J. ERNEST NICOLE, D.P.M.

During the year seventeen cases of general paralysis were admitted, including one re-admission who had been originally treated here in 1923, and was subsequently discharged in 1925. Thirteen cases were inoculated for the first time, while inoculations were also performed on four old cases; two of these latter were unsuccessful.

Three cases have been discharged recovered, while one (a voluntary patient) left in an only slightly improved condition. During the year there have been eight deaths. One was that of an old patient who had been here since 1923; two more occurred amongst patients admitted in 1932, two were admitted in 1933, and three were admitted during the current year.

There are at present sixty general paralytics in the hospital, of which four have good prospects of discharge. Only three are wet and dirty and two are bedridden. The remainder are in fair bodily health and for the most part able to undertake physical work.

##### C.—*Normative aspects of Psychological Medicine.*—By Dr. J. Ernest NICOLE. (Address at a staff meeting of the Institute of Medical Psychology, May 1934.)

Standards are encountered at several points in Psychological Medicine. On the one hand there are the standards contained in the particular breed of psychology invoked by the physician in his explanation of mental illness, be it Freudian, Adlerian, Jungian or one of the more eclectic schools. Then there is the question of choice of therapy and the standards implied in the estimation of the abnormality of the patient as well as in that of the normality to which he is to be restored.

Then on the other hand, there is the even more important matter of the standards concerned in the moral outlook and behaviour of the patient. Though the Freudians would repudiate any moral rôle ascribed to the therapist, many physicians yet feel that they should not adopt a completely negative attitude towards the ethical problems that nearly always,

at some stage or other, loom large upon the patient's mental horizon, and are therefore prepared to act as a moral guide and teacher. Moreover, it is not only the decision of what in the physician's mind constitutes moral conduct that is important, for it must be remembered that there are many possible sets of values—or rather means of evaluation—to which appeal can be made in order to ensure a desired result.

Thus, one patient may respond to reasoned arguments, while another is swayed by the social aspect of the problem, including that of communal ostracism or approval; the religious approach may prove of most value in one individual, while what might broadly be termed the aesthetic one is to be preferred for another. In this connection the views of Jung concerning the rôle of leading mental functions should be remembered.

In any case it is essential that the physician should learn to think not only with his own mind but with that of his patient, using the patient's standards, in accordance with what is most worth while in the patient's earlier moral training, in accordance with the patient's mode of adaptation (thinking or feeling; intuitive or sensational) in order to preserve the patient's personality and perhaps develop it, instead of merely over-casting it with his own.

D.—*Clinical Cases.*—By Dr. G. J. HARRISON.

(1) T.B. Admitted 30.8.32. Aged 43. First attack.

*Family history:* Nil of note. *Personal history.*—For seven years he had been irritable, quarrelsome, awkward and difficult to live with. Two operations for liver abscess the date of which could not be ascertained.

*On admission—Mental state.*—Depressed and suspicious with auditory, visual and cutaneous hallucinations and delusions of persecution. He stated that he had made an opening from his nose to his brain “to let the matter out and cure the headache.”

*Physical state.*—Liver enlarged with palpable edge. Area of cardiac dullness increased to the right and left. There were mitral and tricuspid systolic murmurs and accentuation of the second sound in the pulmonary area. C.S.F. and blood Wassermann reaction negative. Urine contained some hyaline casts.

On June 2nd, 1934, the patient suddenly collapsed with a feeble, barely perceptible pulse. The area of cardiac dullness was greatly increased, there was no visible apex beat, and he showed general signs of right heart failure with cyanosis and oedema of the extremities, tenderness of the liver and copious bloodstained sputum. He died on June 6th, 1934.

*Post-mortem findings.*—Thorax: Pleural cavities contained about one pint of blood-stained fluid. The lungs were congested and oedematous. The heart was enlarged (weight 18 ozs.) and all the chambers were dilated. In the right auricle there was a large anti-mortem clot and there was incompetence of the tricuspid, mitral and aortic valves. The valve cusps were normal. The myocardium was pale and friable with hypertrophy of both ventricular walls. The pericardial sac contained a little clear fluid. The liver was large (weight 65 ozs.), tense and with rounded edges, and its cut surface presented a nutmeg appearance. The kidneys were small with adherent capsules, the cortex was thinned and the vessels were prominent.

The brain, besides general wasting of both hemispheres, shewed cystic degeneration of the anterior part of the inferior surface of the left temporal lobe, involving part of the inferior temporal gyrus, the anterior portion of the fusiform gyrus and the piriform area of the hippocampal gyrus. The grey matter in these areas was completely destroyed. The tuber cinereum appeared prominent and was paler than the surrounding grey matter. On section it was firm and fibrous. Histologically it was composed of a large amount of fibrous tissue with numerous small round cells and some large polynuclear cells. In places the fibrous tissue showed a whirl formation. The blood vessels were scarce and thin-walled.

(2) J.C. Admitted 1926. Aged 66. Confusional Insanity.

*Physical state on admission.*—Heart hypertrophied; arterio-sclerosis. In 1929 he had a syncopal attack from which he was slow in recovering, being confined to bed for 14 days. In bed with oedema and cyanosis of the extremities from the 8th to the 14th of April, 1934. On April 17th went to stool unassisted and a few minutes after returning to bed stertorous breathing commenced. His temperature was sub-normal, the pulse was fast and flickering, with cyanosis and dyspnoea. Stimulants did not revive him and he died in 30 minutes.

*Post-mortem findings.*—Thorax: Lungs congested and oedematous. Heart: The pericardial sac was distended with a large blood clot. The myocardium was pale and firm with hypertrophy of both ventricular walls. In the left ventricular wall there was a stellate shaped tear situated between the papillary muscle and the interventricular septum and about  $1\frac{1}{2}$  inches from the apex. Its greatest extent was half an inch on the endocardial side and one inch on the pericardial side. The cusps of the aortic valve were roughened and puckered and there was considerable dilatation of the aorta, which showed atheromatous changes. Kidneys: There was congenital absence of the left kidney and ureter and a compensatory enlargement of the right kidney, which weighed  $8\frac{1}{2}$  ozs. This kidney showed atheromatous changes. In the brain there was a cyst in the region of the lingual gyrus of the right occipital lobe, and two small cysts situated in the biventral and gracilis lobules of the right cerebellar hemisphere.

(3) J.H. Admitted 1929. Aged 26. Insanity with Epilepsy.

*Previous history.*—Epileptic fits about once a month, dating from infancy. Had been employed as a newsboy. No illnesses. No accidents.

*On admission—Mental state.*—Simple and childish, could not converse or answer simple questions. Impulsive and destructive with defective habits.

*Physical state.*—Old-standing right-sided hemiplegia with contractures and atrophy. Scoliosis. Bony ankylosis of the right elbow and right wrist joints. Right internal strabismus. On November 6th, 1933, the patient fell whilst in the airing court and sustained a transverse fracture of the right patella with subsequent wide separation of the fragments. Operation being inadvisable, the upper fragment was secured with a horse-shoe strapping and a posterior splint applied. Subsequently it was put up in plaster and so remained until the patient died on April 12th, 1934, following a series of severe fits.

*Post-mortem findings.*—Right knee joint showed a transverse fracture of the patella with good fibrous union. The synovial membrane was thickened and the synovial fluid was purulent. Thorax: The lungs were emphysematous and showed basal congestion. Heart: The myocardium was pale and flabby with an increased amount of fat. There was dilatation and slight hypertrophy of the left ventricle. The kidneys and spleen were slightly congested. Brain: the skull cap was thickened and denser than normal. There was excess of C.S.F. on the surface of the brain and the vessels were dilated and congested. There was marked wasting of the left cerebral hemisphere, particularly of the frontal lobe. There was a large cyst on the supero-lateral surface involving the pars basilaris of the inferior frontal gyrus, the inferior half of the pre-central gyrus and the greater part of the inferior parietal lobule. The grey and white matter were completely destroyed, only thickened ependyma forming the separation between the cyst and the anterior horn and body of the lateral ventricle. Thus, in addition to the destruction on the supero-lateral surface, there was destruction of the internal and external capsules and of the claustrum and part of the putamen.

(E).—*Publications.*

1. "Psychopathology: A Survey of Modern Approaches." Second Edition. By Dr. J. ERNEST NICOLE. Baillière, Tindall & Cox, London, 1934. Pp. xvi+284.

In this edition, four new chapters have been added. One deals with the ethnological approach and with the work of Malinowski and Mead, as well as with the bearing upon psychopathology of such statistical researches as those of Hamilton and McGowan, Dickenson and Beam, and Katherine B. Davis. Another surveys the present position in psychology, with reference to existentialism, behaviourism, hormism, gestalt and other view-points, paying some attention to the possible reconciliation of these different schools with one another. Here is also a short section on the relationship of philosophy to psychopathology and the importance of values in psychological medicine.

Two other new chapters deal with psycho-pathology as applied to general medicine; crime, delinquency and amentia; law and its administration; education; child guidance; vocational psychology; industrial psychology; social theory (including the views of Money-Kyrle, Freud and others); sociological problems such as warfare, the control of sex expression, the family, prostitution, homo-sexuality and suicide; morals and mental

health ; the analysis of myths and religions ; and the interpretation of drama, literature and art.

Numerous additions have been made throughout the book, notably to the chapters on the biochemical approach and on the eclectic schools as represented by Crichton-Miller, Graham Howe, Hadfield, Rees, Ross, Suttie and Prinzhorn. Reference has also been made to Freud's libidinal types, transference and the analysis of the narcissistic neuroses, Glover and Rickman's classifications, and the newer work on constitution and mental make-up. The bibliography has been brought up to date and contains nearly 1,000 titles, the index of names totals some 500, and the general index has been enlarged and improved.

2. "Eugenic Sterilization." By Dr. J. ERNEST NICOLE, *Liverpool Quarterly*, April, 1934.

The Brock Report is summarized and a few comments offered, with reference to (a) the uncertainty and indecisiveness of the information obtained ; (b) the complete omission of any discussion on the psychological results of sterilization (stirring up of latent impotency fears, etc.) ; (c) the difficulty of recognizing "carriers" with any certainty ; (d) the definition of what constitutes "mental disorder" and the applicability of the term to such borderline cases as are met with in psychiatric clinics and amongst voluntary patients ; (e) the definition of "voluntary" as applied to sterilization ; (f) the likelihood of mental defectives in the higher strata of society escaping sterilization more easily than those of an inferior milieu ; (g) the omission of any mention of organized birth control as a means of limiting the transmission of mental defect or derangement ; (h) the irrationality of expecting anyone—let alone a mental defective—to *ask* for an operation to be performed for the good of others when the same operation would be refused him for his own convenience or happiness ; (i) the stress laid on sterilization to-day, when we are just beginning to realize how heredity is less certain and less important than it was thought to be in the old days when sterilization was not even mentioned ; (j) the possibility that our urging of sterilization might be dictated less by a clear-sighted altruism than by our concern with the effect upon our pockets of the ever-rising cost of providing for chronic mental wrecks ; (k) the need for much more information and a great deal broader outlook before any legislation on this matter be introduced.

3. "Suicide and Society." By Dr. J. ERNEST NICOLE. *Mental Hygiene*, April 1934.
4. "A Comparison of Tests for Syphilis." By Dr. J. ERNEST NICOLE and Dr. E. J. FITZGERALD. *Lancet*, March 1934.
5. "Ten Years of Malarial Therapy." By Dr. J. ERNEST NICOLE and Dr. E. J. FITZGERALD. *British Medical Journal*, March 1934.
6. "Syphilis and the Mental Treatment Act." By Dr. E. J. FITZGERALD. *British Journal of Venereal Diseases*, April 1934.

The material embodied in publications 3, 4, 5 and 6 above was summarized in last year's Report.

7. "The Presumptive Kahn Test." By Dr. E. J. FITZGERALD. *British Journal of Dermatology and Syphilis*, June 1934.

The Presumptive test was applied to 400 sera, and the results compared with those from other tests used on the same cases. The absolute sensitivity in 200 syphilitics was : Micro-Meinicke, 88.5 per cent. ; Presumptive Kahn, 91.0 per cent. ; Routine Kahn, 79.0 per cent. ; Wassermann (new Wyler), 64.0 per cent. The "doubtful" results obtained in the same cases numbered 6.0 per cent., 2.0 per cent., 7.0 per cent. and 5.5 per cent. respectively for the different tests. The false positives in the controls were 2.5 per cent. for the Presumptive Kahn, 2.0 per cent. for the Micro-

Meinicke, and none for either the Routine Kahn or for the Wassermann. The Presumptive Kahn is thus proved to be practically as good an exclusion test as the micro-Meinicke.

On fluids, the Presumptive test was not found of such great value, owing to the excellent results obtained with the Routine test; this last showed a sensitivity of 88·5 per cent. in 200 syphilitic fluids, that of the Wassermann on the same cases being only 70 per cent., while both tests were only 0·5 per cent. unspecific in 200 control fluids.

#### IX.—FROM THE LONDON COUNTY MENTAL HOSPITAL, BANSTEAD.

*General Report.*—By Dr. A. A. W. PETRIE, F.R.C.P., F.R.C.S.E., D.P.M.,  
Medical Superintendent.

##### *Laboratory Work.*

The routine work of the laboratory continues to increase, as is shown in the following summary :—

Urine tests, 4,983; faecal plating for typhoid and dysentery, 920; sputums for T.B. tests, 220; Widal agglutinations tests, 676; Blood cultures for ? typhoid, 128; throat swabs for ? diph., etc., 36; blood counts, 31; malaria blood slides (stained), 56; faeces test, occult blood, 39; post-mortem examinations, 112. At Central Laboratory: Histological reports, 60; c.s.f. tests, 43; blood Wassermann's, 456. Among 227 new male cases tested, the blood was positive in 9 cases, and the blood and c.s.f. in 16 further cases. Among 199 female patients the blood was positive in 7 cases, and the blood and c.s.f. in 3 further cases.

On the bacteriological side, the chief work has been the diagnosis of cases of bacillary dysentery and typhoid, and a search for carriers of these diseases, particularly the latter. One typhoid carrier had her gall bladder removed, and then ceased to excrete the bacilli, although cholecystitis was not evident. One other carrier has been treated in a similar manner, but in this case cholecystitis was present.

An outbreak of Bacillary Dysentery of a severe clinical type at the end of the period under review was due to bacilli of the Flexner type agglutinating to "W" and "Y" serum. The cases who died showed a congestion of the whole gut with a superficial necrosis of the mucosa of the last 12-18 inches of the small intestine with the usual swelling and ulcers of the large intestine. Post-mortem sections of the skull sinuses in a number of cases to discover overlooked infection of these areas, proved negative except in two cases, one of which showed infection of the antrum, whilst the other showed infection of the sphenoidal sinus, from the nares, and this had then spread back and caused a basal meningitis. Three females died from cerebral tumours, two of which were endotheliomata and one was an oligodendro glioma. Two cases of aortic aneurism occurred, one of which ruptured into the third part of the duodenum, to which it was adherent.

##### *Publications.*

1. *Observations on the Psychoses associated with Childbirth.* By J. B. S. LEWIS, M.A., M.D., M.R.C.S., L.R.C.P., D.P.M.

(Presented for the M.D. thesis of the University of Cambridge.)

##### *Summary and Conclusions.*

(1) Out of 100 cases associated with childbirth, 17 had their onset during pregnancy, 74 during the puerperium, and 9 during lactation. These figures represent respectively percentages of the total number of admissions of 0·39, 1·71 and 0·20.

(2) There was an illegitimacy rate of 13 per cent.

(3) The largest number of cases occurred in the age-period from 30 to 34.

(4) 50 per cent. of the cases occurred in primiparae.

(5) The types of mental disorder found in cases associated with pregnancy and with the puerperium varied. No justification was found for the use of the term "Puerperal Psychosis" to indicate a clinical entity.

(6) The similarity found in cases associated with lactation would justify describing these as cases of "Lactational depression." This was considered superior to the term "Lactational Melancholia," on account of the absence in these cases of the usual melancholic ideation.

(7) The recovery-rate in the three groups respectively was 53, 55.4 and 77.7 per cent.

(8) The majority of the cases recovered within 6 months; but in particular cases was delayed as long as 40, 32 and 21 months.

(9) Post-mortem findings in the fatal cases suggest a correlation between childbirth psychoses and renal disease.

(10) Comparison with figures of 55 years ago shows that these cases account for only a third nowadays of the number that they used to; this is probably due to improved hygienic conditions.

(11) The bulk of evidence goes to show that infection is the most important single factor in this group of cases.

(12) Treatment by anti-puerperal vaccines is a measure which merits further trial.

2. *Anxiety, its Nature and Treatment.* By HENRY HARRIS, M.D., D.P.M. A survey and synthetic philosophy of the problems of anxiety and its treatment in the light of Freudian and Pavlovian trends. *Journal of Mental Science*, July and October 1934.

3. *Differential Diagnosis of Organic and Functional Nervous Disorders.* By A. A. W. PETRIE, M.D., F.R.C.P. Read in opening a discussion in the Section of Neurology, Psychological Medicine and Mental Diseases at the Annual Meeting of the British Medical Association, Bournemouth 1934. *The British Medical Journal*, September 15th, 1934, Vol. ii, p. 503.

#### X.—FROM THE LONDON COUNTY MENTAL HOSPITAL, BEXLEY.

*General Report.*—By Dr. G. CLARKE, Medical Superintendent.

##### A.—Laboratory Work.

The following is a summary of laboratory work carried out during the year :—

*Biochemistry.*—Special urine examinations, 444; Blood: Sugar curves, 12; urea estimations, 8; cholesterol estimations, 1; creatinin, 1; Van den Bergh, 9; c.s.f. examinations, 3; occult blood, 46; analyses of gastric contents, 22. *Bacteriology.*—Faeces, 453; urine, 56; sputum, 88; pus, 43; blood, 4; swabs, various, 33; agglutinations, Widal, etc., 199; demonstration of parasites, 7. *Haematology.*—Total counts, 53; differential counts, 23; reticulocyte counts, 21; Arneth counts, 3; Price-Jones curve, 1; malarial parasites, 25. *Histology.*—Preparation of pathological tissues for microscopy, 84. *Post-mortem examinations*, 86 (70 per cent. of deaths).

##### B.—Intestinal Infection.

After freedom from dysenteric infection for a number of years five cases of acute bacillary dysentery were notified during August and September of this year. Four cases occurred in the male division and one in the female division. There were two deaths.

The causal organism isolated from the stools in each case was *B. dysenteriae*, Flexner-Y. Agglutination tests showed that the end titre of the serum rose to 1/1000 in those patients who recovered, whilst in an equal period the end titre had risen to 1/500 in the two patients who died.

Post-mortem examinations upon the latter showed typical dysenteric lesions in the large bowel and in each patient a gangrenous condition of the lungs had supervened as a terminal lesion.

A systematic investigation has been carried out in an endeavour to trace the origin of this outbreak. Bacteriological tests have been carried out upon 450 patients during the latter part of the year, and this includes all those in the wards concerned and all possible contacts. The presence of one carrier (*B. Dysenteriae Flexner-Y*) has been determined during this period.

Bacteriological examinations have also been conducted from the foul laundry and, although no growth of dysenteric or allied organisms was obtained, these tests revealed the necessity for prolonging the stay of foul laundry in the steam boiling tanks. This time factor has been increased with entirely satisfactory results and recent tests from these tanks have shown no growth of organisms on culture.

There has been no further spread of the infection and investigations are being continued.

#### XI.—FROM THE LONDON COUNTY MENTAL HOSPITAL, CANE HILL.

*General Report.*—By Dr. G. A. LILLY, M.C., D.P.M., Medical Superintendent.

##### A.—Routine Laboratory Work.

The following is a summary of routine laboratory work carried out during the year :—

Urines : General, 1,335 ; abnormal constituents (sugar est, albumen est, pus, blood, acetone), 488 ; typhoid, dysentery, 112 ; faeces (typhoid and dysentery), 112. Sputum (T.B., pneumonia), 48. Blood : For malaria, 30 ; complete counts, 15. Stomach contents, pleural effusion, test meals, 11. Widal's, 6. Throat swabs (K.L.B.), 10 ; other swabs, 8. Bacterial cultivations (blood and urine), 16. Post-mortem examinations, 94 (69 per cent. of deaths). Histological specimens 19. Sent to Central Laboratory : Blood, c.s.f., 632.

##### B.—Publications.

1. "Further Studies in the Respiration of Psychotic Patients." By Dr. ERIC WITTKOWER, M.D.

*Conclusions.*—(1) The type of respiration was examined in 302 psychotic patients. Out of 101 schizophrenics, 81 were regular and 20 irregular breathers ; out of 101 cases of affective psychoses, 69 were regular and 32 irregular breathers.

The meaning of the prevalence of regular breathers among the schizophrenics compared with normal subjects is discussed in reference to former investigations by Golla and Antonovitch ; a definite explanation cannot be furnished.

(2) The ventilation was examined in 123 schizophrenics and 40 normal subjects. Sometimes the ventilation of schizophrenics does not differ in any way from that of normal subjects. Often the respiration of the schizophrenics is abnormally shallow and frequent. As to the total ventilation, the shallowness of respiration is mostly compensated, or hypercompensated for the frequency of respiration. Sometimes the mechanism of compensation does not succeed. The alveolar carbon dioxide pressure was, in five of seven cases of schizophrenia, increased ; in one case a considerable increase could be noted.

(*Journal of Mental Science.* October 1934, page 692.)

2. Mental Deficiency Nursing Simplified. By Dr. O. P. NAPIER PEARN, D.P.M., Deputy Medical Superintendent.

## XII.—FROM THE LONDON COUNTY MENTAL HOSPITAL, CLAYBURY.

*General Report.*—By G. F. BARHAM, Medical Superintendent.

A.—*Laboratory Work.*

Summary of routine laboratory work carried out during the year 14,130 specimens were examined in the laboratory as follows :—

Urines : Routine, 6,721 ; bacteriological, 1,442 ; hydrogen ion concentration, 31 ; Bruce Jones protein, 1 ; bromide, 3 ; T.B., 21. Faeces : Bacteriological, 3,722 ; T.B., 44 ; occult blood, 7. Sputa, 170. Blood : Sugars, 476 ; counts, 703 ; films (including malarial), 302 ; urea, 32 ; bromide, 103 ; culture, 15. Urea concentration, 85. Scrapings, 49. Pus, including pleural and other fluids, 48. C.s.f., 6. Widal's, 73. Post-mortem specimens, 1. Diastatic index, 1. Throat swabs, 55. Vomits, 9. Fractional test meal, 10.

B.—*Research Work.*

(1) By Dr. S. W. HARDWICKE, M.R.C.P., D.P.M.

Investigations into the blood calcium of epileptics and psychotics. In conjunction with Mr. A. H. Tingey, M.A., of the Central Laboratories. To be submitted for publication.

(2) By Dr. G. F. PETERS, D.P.M.

An investigation into the basal metabolic rate (B.M.R.) in a series of psychotic patients, whose clinical signs and symptoms are being systematically reviewed.

One of the objects of this data is to find which, if any, of these patients show a wide deviation from the B.M.R. obtaining in health ; and whether such a deviation has any constant significance in relation to psychotic manifestations. The B.M.R. is worked out by Read's formula.

This work is in progress.

(3) By Dr. H. H. STEADMAN, D.P.M.

A continued investigation into the prognostic value of the blood sugar curve in various psychoses.

C.—*Typhoid Carriers.*

During the year, cholecystectomy was successfully performed on two typhoid carriers, one male and one female. From only one of these cases (the male) were typhoid organisms isolated in the gall bladder and its contents, the other case being negative. Since the operation—carried out in the first part of the year, the faeces and urine of these two patients have been repeatedly examined. In the male case these examinations have been negative (prior to the operation positive findings had repeatedly occurred). In the female patient the reports were negative for six months ; then one positive finding was recorded.

## XIII.—FROM THE LONDON COUNTY MENTAL HOSPITAL, EWELL.

*General Report.*—By Dr. L. H. WOOTTON, M.C., D.P.M., Medical Superintendent.

The routine laboratory work for the year is as follows :—

Urines : Routine and microscopical, 1,132 ; special examinations, 7. Faeces, 11. Bloods : Total counts, 2 ; Widal reaction, 1. Bacteriological : Sputum, 7 ; urine, 5 ; faeces, 11 ; throat swabs, 2 ; other examinations, 16. Post-mortem examinations, 9 (56 per cent. of deaths). Histological slides, 4.

The following investigations are being proceeded with :—

- (a) An analysis of the first 200 patients admitted to this hospital on a voluntary basis.
- (b) Studies on changes in the blood volume in schizophrenia.

#### XIV.—FROM THE LONDON COUNTY MENTAL HOSPITAL, HANWELL.

*Laboratory Report.*—Communicated by the Medical Superintendent.

The following pathological work was done during 1934 :—

Urines : General examinations, 291. Faeces : Dysentery and typhoid, 195. Blood : Films (malaria parasites), 148 ; counts and haemoglobin, 66 ; reactions, 5. Skin scrapings, 54. Sputum, 38. Throat swabs, 30. Test feeds, 2. Vaccine, 1. Pathological sections, 11. Post-mortem examinations, 106 (61 per cent. of deaths).

All culture media is made up in the laboratory.

#### XV.—FROM THE LONDON COUNTY MENTAL HOSPITAL, HORTON, EPSOM.

*General Report.*—By Dr. W. D. NICOL, M.R.C.P., D.P.M., Medical Superintendent.

##### *Pathological Department.*

Analysis of pathological investigations :

Urine examinations : Routine, 3,077 ; bacteriological, 204 ; sugar estimations and examination for acetone and diacetic acid, 271 ; 53 examinations for T.B. (none positive) ; enumeration of casts (Addis's method), 4. Stools : Complete examination for enterica organisms and *B. dysenteriae*, 66 (1 positive to *B. dysenteriae*, examined for Manor Defective Institution) ; 68 examinations for T.B. (6 positive) ; 19 for occult blood, 5 for parasites and ova, and 3 for foreign bodies. Sputum : Sputum examinations for T.B. and other pathogenic organisms, 45 (8 were positive to T.B., and 3 were cultured). Swabs : General bacteriological examinations for *B. diphtheriae* and other organisms, throat 35, vaginal 12, eyes 4. Pus : For culture and pathogenic organisms, 18. Fluids : For general investigation, 2 pleural and 3 spinal. Gastric contents, 8 complete analyses. Hair : Examinations for ringworm, 7. Axillary hair, 1 (trichomycosis axillary rubra). Blood : Differential count, 6 ; complete blood count, 6 ; for culture, 15 ; agglutinations for typhoid, dysentery group and abortus, 18 (2 dysentery positive, both from Manor Defective Institution) ; 14 sugar tolerance estimations ; 20 for urea content ; calcium, 6 ; Van den Bergh reaction, 3 ; for pellagra, 2 (both negative). Tissues : Histological examinations, 96. Post-mortem examinations were held on 126 patients (79 per cent. of deaths).

##### *X-Ray Department.*

This department continues to do radiography for the neighbouring London County Council Mental Hospitals.

The number of successful plates registered during the year 1934 was 849 and the total number of cases examined was 568 ; of these 357 and 234 respectively related to Horton patients.

#### XVI.—FROM THE LONDON COUNTY MENTAL HOSPITAL, LONG GROVE.

*General Report.*—By Dr. F. G. L. BARNES, D.P.M., Medical Superintendent.

##### *Pathological Laboratory.*

The following pathological work has been performed in the laboratory during the year :—

Urine : Routine, 564 ; bacteriological, 20 ; sugar and acetone, 1,157 ; bile, 7 ; for haematoporphyrin, 2. Faeces : bacteriological, 150 ; for occult blood, 30 ; for ova, 5. Sputum : Bacteriological, 140. Pus : Bacteriological, 480. Urethral and

vaginal smears : For gonococci, 16. Throat swabs, 10. Pleural fluids, 7. Cerebro-spinal fluids : Bacteriological and cell content, 3. Hairs, for tinea barbae, 4. Skin scrapings, for tinea cruris, 75. Blood : Cultures, 5 ; counts, complete, 70 ; white cell counts, 45 ; haemoglobin, 5 ; Van den Bergh's test, 4 ; sugars, 47 ; urea nitrogen, 37 ; urea nitrogen concentration test, 5. Glucose tolerance curves, 6. Dreyer's test, 40. Test meals, 10. Sections cut for diagnosis (after operation or autopsy), 26. Post-mortems, 65.

*The Value of Meinicke's Macroscopic Clarification Reaction in Psychotic Subjects.*—By Dr. J. C. BATT, D.P.M.

*Summary.*—Four thousand sera were examined by Meinicke's clarification reaction of the macro-type and the results analysed.

The agreement with the Wassermann in all types of cases has been shown. Both the intensity and frequency of the various degrees of positive results have been noted and compared with the Wassermann.

The sensitivity of this test has also been investigated.

The disagreement between the two methods has been revealed and the causes of this variance charted.

The relationship of cholesterol metabolism with positive readings has been shown.

Finally, at the price of repetition, it may again be stated that as these cases were consecutive, any errors due to chance or random sampling have been eliminated as far as is possible.

*The Diagnosis and Treatment of the Pre-psychotic and Early Psychotic.*—By Dr. CLIFFORD ALLEN, M.R.C.P., D.P.M.

An examination was made of the literature for the last thirty years on the effects of analytical treatment, of no matter what kind, upon the psychotic and pre-psychotic.

The prevalent idea that disasters are frequent was found to be erroneous—no published cases exist showing evil effects following psychological exploration. On the contrary, at least eleven definite cases of schizophrenia which have been successfully treated by exploratory psychotherapy exist in the literature. To these the writer was able to add five other unpublished cases. It is probable that at least ten other cases might be added since a number of successful cases, both published and unpublished, were disregarded owing to the difficulty in establishing a certain diagnosis.

It was pointed out that the usual diagnostic criteria which are based on Kraepelinian psychiatry allow diagnosis too late for successful psychotherapy and that an earlier diagnosis can be made by utilising subjective material obtained by conversation and free association. (The usual criteria were used, however, in judging whether the cases in the literature were genuine or not.) These subjective criteria are firstly that there is a difference in the manner of free association shown by the neurotic and the psychotic. Secondly, the examination of the dreams of the psychotic shows a franker interest in his orifices, his excrements and his sexual relations to his parents than is usual in the dreams of the neurotic. Thirdly, the psychotic tends to sexualize his fantasies and his thinking. Fourthly, cruel and sadistic fantasies are rare in the neurotic but common and frank in the psychotic.

Various techniques advocated by different authors were examined and evaluated. It was suggested that no attempt should be made to repair that part of the mind which was damaged until the disrupting forces had been dispelled. This is contrary to the "reality testing" used by Zilboorg and Alexander.

The difficulties of utilizing psychological treatment were examined but were found to be not insuperable, even in institutional practice, if further research produces some certainty of cure after a year's treatment.

(Awaiting publication.)

*An Investigation into the Alleged Tuberculous or Toxic Aetiology of Dementia Praecox.* By Dr. C. R. BIRNIE, D.P.M.

In pursuance of an investigation begun at the Maudsley Hospital in 1933, in connection with the alleged tuberculous or toxic aetiology of dementia praecox, intradermic reactions were carried out on a small group of 60 cases of non-phthisical early dementia praecox and controls. Quantitative amounts of graduated dilutions of tuberculin and B. coli toxin were injected.

Almost 100 per cent. of all cases gave positive non-specific reactions to B. coli toxin.

No definite difference between cases of dementia praecox and control cases was found in their allergic reactivity to intradermic tuberculin.

XVII.—FROM THE LONDON COUNTY MENTAL HOSPITAL, WEST PARK.

*Report on Research Work.*—By Dr. N. ROBERTS, O.B.E., D.P.M., Medical Superintendent.

*Trypan Blue intravenously in post-encephalitic Parkinsonism.*—By Dr. W. McCARTAN.

The treatment was carried out on a series of male patients of the above type without appreciable benefit. The French writers who suggest the treatment make no reference to its rationale, but Lubin Popoff of Sofia assumes it is due to blockage of the reticulo-endothelial system—it is difficult to understand how that can relieve Parkinsonism. Such vital dyes do block the reticulo-endothelium, and the most likely result of that is to impair the production of antibodies and increase the risk of inter-current infection. It is rather late to expect any benefit from the germicidal properties of trypan blue. (*Lancet*, September 15th, 1934, p. 601.)

*Cerebral tuberculomata of unusual distribution.*—By W. McCARTAN, in collaboration with ALFRED MEYER, Central Pathological Laboratory, London County Mental Hospitals.

A case of obvious “pituitary” dysfunction due to a cerebral tuberculomata, the hypothalamus being most involved. Clinically, the case was most suggestive of lymphadenoma during life and, pathologically, the nature of the “growths” was most unusual. (*Journal of Mental Science*, July 1934.)

*Routine Laboratory Work.*

Urine: General examinations, 410; deposits, 385; sugar estimations, 242; stained smears, 50; cultures, 9; quantitative and qualitative, 133; T.B., 9; parasites (e. histolitica), 6. Sputum: General, 11; T.B., 56; cultures, 2. Blood: Complete counts (hg. est. and diff. counts), 91; R. and W. count only, 5; sugar curves, 19; urea content, 6; malaria films, 20; Widal reactions, 9; Van den Bergh reactions, 3; cultures, 3; fasting sugar, 8. Faeces: Cultures, 139; sugar broth cultures, 129; occult blood, 13; T.B., 25; foreign bodies, 5; ? parasites, 7. Throat swabs: Direct smears, 35; cultures, 26. Swabs, various: Direct smears, 37; cultures, 26. Skin scrapings: ? organisms, 33; cultures, 3. Test meals: Fractional, 12. Vomits: ? blood, acidity, etc., 2. Puncture fluids, organisms, cells, etc., 10; c.s.f., cells, protein, globulin and urea, 1. Hairs for organisms, 8. Post-mortem examinations 54 (52 per cent. of deaths).

XVIII.—FROM THE CENTRAL PATHOLOGICAL LABORATORY OF THE LONDON COUNTY MENTAL HOSPITALS.

*Report on Research Work.*—By Dr. F. L. GOLLA, F.R.C.P., Pathologist to the London County Mental Hospitals and Director of the Central Pathological Laboratory.

By the term "insanity" is meant a disorder of conduct, and an attempt to study its nature with a view to ultimate treatment necessitates investigation from two very different points of view. Each patient, in the first instance, presents a purely psychological problem, when endeavour is made to discover in what way his mental processes are ill-adjusted to his social environment and how far they can be readjusted. Such a study is most usefully conducted in the wards by the medical officers in charge of the case and the function of the laboratory is to supply them with such additional means of investigation as may be suggested by the progress of physiological psychology. It is, however, becoming abundantly clear that most, if not all, forms of disorders of conduct are expressions either of a generalized bodily disorder or one specifically involving the nervous system. This truth, though well appreciated in past ages, has been lost sight of in recent times. Insanity has been attributed to causes appertaining in the external environment, rather than thought of as a symptom of the defective power of an organically impaired nervous system to adjust itself to its surroundings. Thus, only thirty years ago, greatly owing to the researches of the first director of the laboratory, Sir Frederick Mott, it became apparent that sufferers from general paralysis, one of the largest classes of insanity, were the subjects of syphilitic disease of the nervous system and not, as was hitherto thought, worn out by the stress of existence. As a result of this discovery, it is now possible to restore about 40 per cent. of these patients to mental and bodily health, whereas, ten years ago, they died practically without exception within two years in a state of complete exhaustion. Study of the bodily functions of most other insane patients, notably those suffering from dementia praecox and manic depressive psychoses, have convinced all competent authorities that a bodily disorder is an invariable concomitant of their insane condition, although they are still in the dark as to the certainly manifold nature of the bodily disequilibrium. The task of a pathological laboratory is therefore patiently to investigate the functional efficiency of the organism of the insane and to follow up the clues afforded by the disorders observed in particular functions.

Such investigations must, of necessity, be slow and laborious and possibly may appear to involve much unremunerative expenditure. The pessimism with which the investigation of insanity is sometimes regarded would, however, appear to be unjustified. The way in which one great class of mental disease, that of insanity due to syphilis, has yielded to treatment based on an understanding of its pathology has already been cited. There is an increasing number of cases in which the mental disorder is found to be due to various forms of bacillary conditions amenable to treatment. There are indications that certain other forms are referable to a disequilibrium of the organs of internal secretion, a disequilibrium that should, when better understood, be susceptible to organotherapy. In a yet more numerous class of mental disease profound disturbances of the metabolic processes are being studied with a view to ultimate treatment. Whilst the amount of public money spent on the maintenance of the insane is in the neighbourhood of £7,000,000 a year, the expenditure on research is at present very small when compared with that obtaining in other branches of medicine.

During the past year, the research work aided by the central pathological laboratory has been conducted from many different points of attack. Researches previously conducted in the laboratory drew attention to a curious anomaly in the respiration of patients suffering from dementia praecox. The nervous centres governing respiration function in an abnormal fashion, and as a result, there is some evidence that the elimination of carbon dioxide from the blood and the sufficient oxygenation of the tissues and nervous system is affected. Dr. Paterson, a former Commonwealth fellow of the laboratory, has studied records obtained by an apparatus designed here and in a paper in course of publication confirms

the previous findings. Dr. Wittkower, of Bonn, who is aided by grants from the Academic Council and the Medical Research Council, has examined a much larger number of cases and come to certain definite conclusions as to the ventilation of the lungs in dementia praecox. His results are now in process of publication. In order to obtain information from patients whose psychoses are more definitely stabilized than those under treatment at the Maudsley hospital, Dr. Paterson conducted his research at Colney Hatch mental hospital, and Dr. Wittkower at Cane Hill mental hospital.

Approaching the same problem from a different angle, Dr. Lilian Hutton is carrying out work on the oxygenation of the blood in dementia praecox at Horton mental hospital.

Dr. Armstrong had found during his period of work in this laboratory that patients suffering from dementia praecox exhibited an abnormal reaction to exercise which was again referable to the inexcitability of the respiratory system. The observations were conducted on patients at Bexley mental hospital and were published in the *Journal of Mental Science*. He is now engaged in extending these observations by a series of experiments at Ewell mental hospital. Incidentally, the beneficial effect of controlled exercises in dementia praecox has become apparent.

Since respiration is a principal factor in controlling the heat regulation of the body, Dr. Caldwell has been investigating the heat regulating mechanism of cases of dementia praecox at West Park mental hospital with apparatus supplied by the laboratory. He has, however, been unable to detect any abnormality in this function.

Dr. Firmin, during her period of service at the laboratory, studied the acid-base relations of the urine and is now applying her results to the investigation of epileptic patients at Hanwell mental hospital.

An attempt to apply some of the results of these investigations to the treatment of dementia praecox is being made by Dr. Cutts at Long Grove mental hospital. He stimulates the respiratory nerve centres by keeping the patient for some hours a day in an atmosphere containing a small percentage of carbonic acid, using a form of bed tent devised in the laboratory. He finds that patients so treated lose the blue and cold condition of the extremities characteristic of such cases, and that there is a marked improvement in the mental condition of the small number of cases who have been submitted to this form of stimulation.

A question of the greatest importance has been successfully investigated by the Maudsley research scholar, Dr. Dixon. Zondeck, in Germany, had claimed that the blood of maniacal patients showed a deficiency in the extremely minute trace of bromine that is present in normal blood. Such a hypothesis would, if correct, have led to far reaching therapeutical conclusions. A painstaking research has shown that Zondeck's methods were technically unsound, and Dr. Dixon has published more precise methods in the *Biochemical Journal*. Although this work is primarily destructive of an unsound theory, it has led to the standardization of an exceedingly accurate analytical method by means of which Dr. Dixon is now investigating the causes of bromine intoxication in certain classes of epileptics. His investigations have been conducted on patients in Claybury mental hospital with the assistance of Dr. Hardwick and Dr. Warren.

Dr. Warren has been studying the excretion of bromine by epileptic patients under bromide treatment, and proposes, on his return to Claybury mental hospital, to investigate the abnormality affecting the power of certain epileptic patients to deal with this drug.

The investigation of epilepsy, a disease which bulks largely in the insane population of our mental hospitals, offers a very promising field of research. There being some reason to suspect a disturbance of the acid-base equilibrium of the blood, Dr. Hurst, a Maudsley research fellow, and Dr. Cook estimated the lactic acid of the blood in relation to epilepsy. They found that the variations were probably attributable to the convulsive state and were not a causal agency. The blood specimens were mainly

obtained from patients in Bexley, Colney Hatch and Banstead mental hospitals. The results have been published in the *Journal of Physiology*.

Dr. Hurst and Dr. McLaughlin have also published a paper in the *Quarterly Journal of Medicine* dealing with the acid-base equilibrium of the blood in epileptic patients at Colney Hatch mental hospital.

The excitability of the nervous system is influenced by the relative equilibrium of calcium and potassium ions and Mr. Tingey, holding a grant from the Medical Research Council, investigated the calcium content in the blood of epileptic patients at Colney Hatch and Claybury mental hospitals. He has found disturbances of the calcium metabolism which confirm the work of Madsen, a Danish investigator. He is now endeavouring to determine the calcium in the blood of maniacal patients procured for him from Claybury mental hospital by Dr. Hardwick. His work has been published in the *Journal of Mental Science*.

The view that the epileptic fit is due to a disturbance of the blood supply of the brain from a spasm of the blood vessels is gaining ground in various quarters, and French observers have claimed that administration of a drug, acetyl choline, which should tend to counteract this disturbance, has had beneficial effects. In order to try out this treatment on a large scale, the director approached the medical superintendents of Cane Hill and Colney Hatch mental hospitals, who consented to its administration for a period to the exclusion of other drugs to a number of selected cases. Dr. Lloyd observed a large number of cases at Cane Hill mental hospital and Dr. McLaughlin a smaller number at Colney Hatch mental hospital. In neither of these groups of cases could the alleged beneficial effect of acetyl choline be substantiated. Their results have been published in the *British Medical Journal*.

American investigators of epilepsy have demonstrated a marked beneficial effect on the number of fits by rigorous restriction of the fluid consumption. Arising out of these observations, Dr. Hardwick has undertaken some experiments at Claybury mental hospital with the object of discovering whether there may be fluctuations in the blood volume of epileptics which act as a precipitating factor in the occurrence of fits.

Fischer, of Germany, has claimed that cases of dementia praecox can be differentiated from all other forms of insanity by their abnormal fashion of dealing with the metabolism of large amounts of protein. Dr. Charles Reid, holding a Commonwealth scholarship, reinvestigated the matter with other methods, and came to the conclusion that the alleged abnormal metabolism is really an expression of the slow absorption from the stomach in these patients, thus adding another to the long list of functional derangements characteristic of dementia praecox. His paper is in process of publication in the *Journal of Mental Science*.

Cases suffering from dementia praecox appear to have lost the power of dealing normally with certain organic compounds when these are administered by the mouth, and some of the results of such experiments point to a disturbance of the function of the liver. Dr. Wallace has studied the power of such patients to deal with tyrosin, a product of metabolism. Her observations conducted on patients at Hanwell mental hospital are now ready for publication, and point to a fundamental metabolic disturbance in dementia praecox.

Previous work at the laboratory having demonstrated that the blood supply to the limbs is markedly modified during the performance of work requiring intellectual effort, Dr. Tyars is applying the methods devised for this observation to patients suffering from dementia praecox at Horton mental hospital with a view to ascertaining whether their lack of concentration is due to an absence of the normal bodily reactions.

An intimate connection between some forms of insanity and the thyroid gland has long been suspected. A great difficulty in the investigation of this subject is the laborious and fallacious method used for the determina-

tion of the efficiency of the thyroid. Dr. Brazier, holding a grant from the Medical Research Council, has standardised a new method which allows the evaluation of thyroid activity by means of electrical tests with an ease and accuracy hitherto unattainable. Co-operating with the staff of the Maudsley hospital, she has obtained evidence of a presumptive defect in thyroid activity in certain cases of nervous depression among patients at the Maudsley hospital. She now proposes to extend her observations by an examination of better defined cases in the mental hospitals. The electric apparatus designed for these experiments was purchased by a special grant from the Maudsley Research Fund.

Dr. Grant, who is in receipt of a part-time grant from the Maudsley Research Fund, has collaborated with her and checked her results by comparing them with the older method. They have found that the administration of a preparation derived from a gland situated in the brain and having the effect of stimulating the thyroid gland produced beneficial results in the above-mentioned type of depression. Their observations promise to be of very great therapeutic importance and the publications dealing with the new method in the *Lancet* and other journals have aroused much interest amongst psychiatrists.

Dr. Butler and Dr. Bell are engaged at Cane Hill mental hospital in a study of the pressure variations in the fluid surrounding the brain, and Dr. Butler has also attempted to evaluate some claims made by German scientists as to the stimulating effects of treatment by cerebral extracts in cases of dementia praecox. Similar investigations are being carried out at Banstead mental hospital by Dr. Petrie.

The Medical Research Council requested the director to investigate the efficiency of a preparation of the male hormone and at his request Dr. Lilly had a series of observations carried out at Cane Hill mental hospital by Dr. Lloyd on suitable patients suffering from dementia praecox. The hormone appeared, however, to have no beneficial influence in such cases.

The staff of the Maudsley hospital have been engaged in observations of early mental disturbances from the psychological and clinical aspects, rather than from the experimental, hence the laboratory has been of less service to them than to those working in mental hospitals on the bodily concomitants of insanity. It is hoped that with the perfection of new methods of physiological psychology, it may be possible to provide objective methods in this field also. With this object in view, the director and his assistant have been concentrating on some investigations of the time relations of certain reflex processes. Their results have been published in *Brain*.

Mr. Vernon, holding a Pinsent-Darwin research fellowship, is utilising apparatus and laboratory facilities for his investigation on the psychological reactions of a group of patients at the Maudsley hospital.

Dr. Minski investigated the pathology of a case of encephalitis at the Maudsley hospital. His observations were published in the *Proceedings of the Royal Society of Medicine*.

Statistical observations in Germany have shown that the sane relations of dementia praecox patients have a mortality from tuberculosis nearly five times greater than that of the normal population. There is thus some reason to think that a class of people exists which is characterized by a hereditary bodily disability, manifested by an increased susceptibility to tubercular infection or by the development of a special type of insanity. It has been further claimed by certain French authorities that cases of dementia praecox show an abnormal reaction to the toxin of tuberculosis and that there is evidence of an infection of such cases with a form of tubercular virus. The Rockefeller institute have agreed to finance an enquiry into these theories which, if true, would obviously be of the very greatest importance in the treatment and prevention of this form of insanity. Dr. Beck, of the Pasteur institute, is attached to this laboratory and is investigating these, using the facilities kindly provided for him at

the Southern group laboratory by Dr. McCartney, Director of Pathology of the public health department. Dr. Ogden, of Bexley mental hospital, is collaborating in supplying the clinical material, and Dr. Birnie, of Long Grove mental hospital, is also collaborating. Dr. Whelan is investigating the tubercular reactions of cases of dementia praecox at Horton mental hospital. This research team began their work at the end of the year dealt with in this report, and it will be some time before they can hope to reach any definite conclusions.

The available methods for the diagnosis of syphilis by blood and cerebro-spinal fluid reactions are being continually re-examined. Dr. Paterson, in conjunction with the laboratory staff, has investigated the value of one such method at Colney Hatch mental hospital, and his results were published in the *Journal of Psychopathology*. Dr. Hardwick has dealt with a similar method at Claybury mental hospital, and published his findings in the *Journal of Mental Science*.

The laboratory staff also collaborated in a survey of the incidence of syphilitic reactions undertaken at Caterham mental hospital by Dr. Paddle, who published his results in the *British Journal of Children's Diseases*.

The possibility of successful treatment of some of the many types of mental deficiency is by no means desperate. Professor Alfred Meyer, who is in receipt of grants from the Academic Council and the Rockefeller Foundation, has discovered some reason to believe that certain types of idiocy are correlated with an abnormality of the chemical mechanism supplying the fatty sheath to the nerve fibres and is investigating material in this laboratory collected by Dr. Cook at the Fountain mental hospital, Dr. Earl at Caterham mental hospital and Dr. McCartan at West Park mental hospital. His laboratory expenses are defrayed by a grant from the Medical Research Council. Dr. Malowan, who is in receipt of a grant from the Academic Council, is collaborating with him.

Dr. Lindsay is collaborating with the laboratory in the investigation and treatment of parents of mentally defective children at Caterham mental hospital who are infected with syphilis. The possibility of training some of the high grade mental defectives can only be successfully entertained after a thorough knowledge of their type of reaction has been acquired. Dr. Earl, of Caterham mental hospital, is engaged in this work, using apparatus supplied by the laboratory.

The observation and treatment of general paralytics who have been discharged from mental hospitals is undertaken by the staff of the laboratory. Since most of these patients are at work this necessitates the holding of clinics on Saturday afternoons. Statistical investigations are being made with a view to determining the relative efficiency of the different methods of treatment of this malady.

It will be apparent that these many investigations conducted at all the institutions of the mental hospitals department can only be successfully pursued with the help and interest of the Medical Superintendents who have, in all instances, given every facility and encouragement to the workers.

#### *Routine Work.*

The routine work of the central laboratory continues to increase.

During the year 1933-34 the following examinations and reports were furnished :—

Special histological reports, 150 ; special investigations for all institutions, 471 ; routine and special investigations for the Maudsley hospital (including Wassermann reactions : blood, 695 ; cerebro-spinal fluid, 78), 3,233 ; Wassermann reactions for all mental hospitals, transferred institutions, mental wards of L.C.C. general hospitals : Blood, 7,330 ; c.s.f., 3,014.

Eight medical officers seconded from L.C.C. mental hospitals have received three months' training in pathological methods at the laboratory.

Instruction has been given in practical work to the class preparing for the examinations for a diploma in psychological medicine.

#### XIX.—FROM THE MAUDSLEY HOSPITAL.

*Publications by Medical Staff of the Maudsley Hospital.*—Communicated by Dr. EDWARD MAPOTHER, F.R.C.S., F.R.C.P., Medical Superintendent.

Dr. T. TENNENT, M.R.C.P., D.P.M.

Instances of Juvenile General Paralysis have been collected steadily and the effects of malaria and other treatment observed.

Dr. T. TENNENT and Dr. A. MEYER.

In conjunction with Professor A. Meyer several cases of Schilder's Disease have been studied from the clinical and pathological points of view.

Dr. A. J. LEWIS, M.R.C.P.

A pair of uniovular twins was reported, only one of whom showed acromegaly; by careful study of the affected twin it was possible to arrive at conclusions concerning the relative importance of heredity and environment in this variety of pituitary disorder. The literature on the subject was reviewed as regards familial instances and the significance of this unique case emphasized in its bearing on the criteria of uniovularity in twins.—*Journal of Neurology and Psychopathology*, 1934

A comprehensive critical presentation of the results of research into mental disorder, carried out by geneticists and psychiatrists of various countries, was compiled for inclusion in a composite work on the inheritance of disease in man.—Chapter 4, "Chances of Morbid Inheritance." Edited by C. P. Blacker. 1934. Publishers: H. K. Lewis.)

The development of psychiatric thought in regard to melancholia from the time of Hippocrates to the present received attention. The history of the subject was divided into two parts of which the second was taken as beginning in the time of Henry Maudsley.—*Journal of Mental Science*. January 1934.)

A lengthy clinical study of depressive states was made and 61 cases were subjected to detailed analysis of the symptoms in the light of the previous personality, total setting, etc. Many special points were examined in relation to the theoretical considerations and clinical observations reported in the literature.—*Journal of Mental Science*: May 1934.)

Psychopathology of insight was discussed as it appears in all forms of mental disorder. Studies were made on a large body of clinical material and attention given to its importance in interpretation and treatment rather than in diagnosis where it has hitherto been most employed.—*Address delivered before the Medical Section of the British Psychological Society*. April 1934.)

The mental reactions to injury were dealt with in a paper giving consideration to such factors as previous personality, degree of cerebral trauma, age of patient and nature of psychical effects.—(*Medical Press and Circular*. 1934.)

Dr. E. W. ANDERSON, M.R.C.P., D.P.M.

In a relatively large series of cases of puerperal psychoses the sexual factors were evaluated, taking account of the previous history and of the present symptoms. The frequency of occurrence in puerperal psychoses in the same patients and their clinical points were also investigated.—(*Journal of Mental Science*. April 1934.)

Dr. L. MINSKI, M.R.C.P., D.P.M.

Investigation was made into the after history of patients who left hospital and returned to their homes against advice. The significance of the subsequent recoveries and suicides is discussed in the paper.—(*Journal of Mental Science*.)

Dr. W. HUBERT.

The occurrence of epilepsy and congenital syphilis within the same family gave occasion for a study of the possible relationship between the conditions.—(*British Medical Journal*. 1934.)

Dr. R. D. CURRAN, M.R.C.P., D.P.M.

On a large number of cases observed partly in the Maudsley Hospital and partly in the Phipps Psychiatric Clinic, John Hopkins Hospital, the psychopathology of delirium has been investigated and its significance in relation to the various aetiological factors assessed.—(*Section of Neurology, Royal Society of Medicine*. 1934.)

The mental changes which may occur in middle age are described as to form and mode of development and the appropriate methods of treatment are considered. This is based on a study of 60 cases of depression occurring in men over the age of 45.—(*Medical Press and Circular*. 1934.)

Dr. E. O. SLATER, M.R.C.P.

The instances of mental disorder in the general population was studied by means of an enquiry into the occurrence of mental illness of any kind, and all types of personality in the family of patients being treated for surgical ailments in King's College Hospital.—(Due to appear in *Annals of Eugenics*.)

An interesting case of myasthenic gravis which raised points of differential diagnosis was reported.—(*Medical Press and Circular*. 1934.)

Dr. K. ZUCKER.

A careful analysis of the pathological changes in function occurring in amnesic aphasia was made in the light of previous work by the author, and the theories of Goldstein and other workers in the field of aphasia.—(*Brain*, 1934, and *Monatschrift fur Psychatrie und Neurologie*. 1934.)

A study of the phenomena of Shamanism was made and the findings compared with the mental state in schizophrenia and behaviour disorder. The significance of this in the psychopathology of such disorders and their prevention and treatment is dealt with at length.—(*Ztschrift. f.d. ges. Neur. u. Psych.* August 1934.)

Dr. K. ZUCKER and Dr. W. HUBERT.

An investigation into the psychopathology of schizophrenia was made by means of studies of imagery.—(The detailed results are contained in a paper due to be published in *Journal of Mental Science*.)

Dr. F. PILKINGTON, M.R.C.P.

Such causal factors as could be discovered in the history of children brought to the Child Guidance Clinic here for pilfering were evaluated statistically and as to their psychological significance.—(*Thesis*, University of Cambridge. 1934.)

Dr. W. C. M. SCOTT.

The application of psychoanalytical theories to the psychopathology and treatment of some forms of mental disorder was studied by Dr. Scott and presented in a series of lectures at the Psychoanalytical Clinic, 1934.

Some abnormal forms of Encephalitis Lethargica and their significance in relation to analagous phenomena in depressive states has been investigated on patients attending the out-patient department.

Dr. E. MAPOTHER, F.R.C.S., F.R.C.P.

In a Presidential Address to the Section of Psychiatry of the Royal Society of Medicine, it was urged that scientific psychology must aim at framing rules summarizing objective sequences of consciousness and behaviour with minimum interpolation of the conceptual and with full distinction of the phenomenal and the hypothetical. Nothing is gained by animistic "explanations," by reification and personification, i.e., by attribution of observed sequences to the causal influence of conceptual entities which at best are nothing but collective terms for the very processes they are alleged to control. Psychology can only become scientific in so far as it is based on a rigid determinism excluding such influences. The concept of purpose can only be admitted to science in the strictly limited sense of adaptation determined by the racial or personal past.

It is suggested that the triple task of scientific psychology includes framing separately causalistic rules for the sequences of consciousness and of behaviour and empirically correlating these sequences. Study of behaviour is both more hopeful and more neglected than that of consciousness (though both are necessary). In the study of behaviour psychology and neurology become continuous. It is to be desired and expected that formulae covering the objective facts of behaviour shall be framed as an upward continuance of those principles (reached by observation, experiment and induction) which summarise the responses mediated by lower levels of the nervous system.

Psychiatry is vitiated by the uncontrolled and biased speculations of those concerned with practical application. Progress demands endowment of detached research into the sequences both of consciousness and behaviour by teams of long-term workers.—(*Proceedings of the Royal Society of Medicine*. October 1934.)

For the guidance of general practitioners a summary account was drafted of the indications for diagnosis and prognosis in any case of insanity arising as an emergency. The disposal of the patient as determined by these and other considerations was briefly discussed.—(Published in the *Medical Press and Circular*, 1934, and re-published as Chapter 12 of "Modern Treatment in General Practice," edited by C. P. G. Wakeley.)

In one of twenty-five similar post-graduate lectures at King's College Hospital (dealing with prophylaxis in all branches of medicine) the present position was reviewed in respect of mental disorder—this term being used to cover amentia as well as psychosis and neurosis. Collective prophylaxis was distinguished from individual. Improvement of collective prophylaxis demands (1) education of the whole medical profession, (2) provision of expert psychiatric personnel, (3) research, and (4) provision of suitable clinics for adults and children.

The chances of coping either collectively or in the individual with particular aetiological factors was briefly discussed.—(Published as one of a series of articles in the *Lancet*, 1934, and re-published in a volume entitled "The Preventive Aspects of Medicine.")

As a contribution to a discussion which occurred just before the appearance of the Brock Report an attempt was made to summarise the necessary safeguards in Eugenic Sterilisation. Conclusions corresponded closely to the recommendations of that report.—(*Eugenics Review*. 1934.)

## XX.—FROM THE JOINT COUNTIES MENTAL HOSPITAL, CARMARTHEN.

*Laboratory Report.*—Communicated by the Medical Superintendent.

The following is a summary of the work carried out during the year :—

Urines : Routine and special tests, 554. Blood : Total counts, 139 ; microscopical, 54 ; malarial parasites, 47 ; haemoglobin estimations, 76 ; sugar estimations, 23 ; urea estimations, 1 ; Van den Bergh reactions, 2 ; fragility tests, 3 ; Kahn precipitation tests, 112 ; Widal reactions, 146 ; other agglutination tests, 45. C.S.F. : Globulin reactions, 3 ; cell counts, 3 ; sugar estimations, 3 ; Kahn precipitation tests, 2 ; colloidal mastic tests, 1. Bacteriological : sputum, 29 ; faeces, 1,051 ; urine, 15 ; pus, 14 ; throat swabs, 26. Water analyses : Total tests, 181. Gastric analyses : total tests, 15 ; benzidine tests, 7. Miscellaneous tests, 59. Post-mortem examinations, 22.

## XXI.—FROM THE CHESHIRE COUNTY MENTAL HOSPITAL, CHESTER.

*A.—Laboratory Report.*—Communicated by the Medical Superintendent.

The following is a summary of the routine laboratory work carried out during the year :—

Urine examinations, 1,170 ; blood examinations for malarial parasites, 304 ; Wassermann tests, 200 ; sputum examinations, 36 ; Widal tests, 4 ; examinations of faeces, 163 ; blood counts, 39 ; examinations of swabs, 280 ; blood sugar estimations, 3 ; samples of milk analysed, 41 ; miscellaneous (blood urea, pus, etc.), 21.

In nineteen cases autogenous vaccines were prepared.

*B.—Syphilis in Relation to Psychosis.*—By Dr. F. H. HEALEY, D.P.M., Deputy Medical Officer, Erdington House, Birmingham. (*Thesis* presented for the M.D. Degree of the University of Birmingham.)

### Conclusions.

(1) The incidence of syphilis in the 1,184 consecutive first attack male admissions to the County Mental Hospital, Chester—from January 1917 to December 1924 inclusive—has been shown to be 12·06 per cent.

(2) The incidence of syphilis in the 956 consecutive first attack male admissions to the County Mental Hospital, Chester—from January 1925 to December 1931 inclusive—has been shown to be 15·9 per cent.

(3) The incidence of syphilis in the 2,140 consecutive first attack male admissions to the County Mental Hospital, Chester—from January 1917 to December 1931 inclusive—averages 13·78 per cent.

(4) In the years 1918, 1926 and 1931, there were the largest number of cases with syphilis. It has been shown that the majority of these cases were men who had served in H.M. Forces during the Great War, had acquired syphilis, had short courses of “606,” and after short latent periods relapsed with severe nervous and cardiac syphilis. These cases provide an answer to the questionnaire issued by the Medical Society for the study of Venereal Diseases in 1925, at the instigation of Colonel Harrison.

(5) It is shown that the latent period after short courses of “606,” averages 9-12 years, whereas the latent period after mercury treatment averages 12-20 years. It is certain that early treatment of syphilis with inadequate doses of salvarsan is dangerous.

(6) It is demonstrated that cardio-vascular syphilitic lesions are the rule rather than the exception in cases of so-called general paralysis. It is found that clinically 50-60 per cent. of so-called paralytics give evidence of cardio-aortic lesions, and that 74 per cent. of the post-mortems on these cases give the same evidence.

(7) The occurrence of active tertiary lesions, such as gummata of the viscera in the so-called cases of general paralysis is stressed.

(8) Doubt is thrown upon the existence of such an entity as "General Paralysis of the Insane." It is maintained that the original classical picture of General Paralysis is but one of the many types of mental reaction resulting from syphilitic infection of the brain. I suggest that there has been a marked change in the last decade in the type of case admitted to Mental Hospitals, as psychosis due to syphilis. The original G.P.I. picture was in great part due to the effect of alcohol as well as syphilis. I suggest that the term Neuro-syphilis should include all cases with any syphilitic disease of the nervous system, and thus would include those cases displaying mental symptoms. The person who suffers with mental disease when syphilis attacks his nervous system, is the person who is marked out to suffer with psychosis whenever the stress is sufficient.

(9) Of 122 cases of "General Paralysis," admitted before malarial treatment, only five cases, that is 4.3 per cent., showed any remission. Over 60 per cent. of them died within six months of admission.

Of 122 cases of "General Paralysis," treated by Induced Malaria, 39 cases, that is, 31.9 per cent. showed good remissions, and were able to return to work.

(10) I maintain that Malaria offers the only hope of success in the treatment of mental conditions associated with Neuro-syphilis, and that the prophylaxis of Neuro-syphilis with or without mental disease depends on both early and intense treatment of syphilis, with concurrent courses of arsenic and bismuth, supplemented in all stubborn cases with Induced Malaria.

## XXII.—FROM THE CHESHIRE COUNTY MENTAL HOSPITAL, MACCLESFIELD.

### *Report of Laboratory Investigations.*—By Dr. H. STAFFORD, D.P.M.

The total number of investigations carried out in the Pathological Laboratory during the year 1934 was 2,812; these are given below:—

Routine urine examinations, 1,781. Bacteriological examinations: Urine, 35; faeces, 61; sputum, 46; pus, exudates, etc., 31. Preparation of autogenous vaccines, 5. Full blood counts, 7. Examinations of c.s.f., 8; blood films, 16. Chemical examinations of blood, 10. Tissue sections for microscopical examination, 199. Agglutination reactions of blood serum, 451. Wassermann reactions of blood and c.s.f., 162.

Cases of diarrhoea occurring in the hospital were far less numerous than in the past; of specimens of faeces submitted for bacteriological examination on account of diarrhoea only those from two patients were typically dysenteric in appearance, containing gross naked eye content of blood and mucus. The first of these was from a male patient whose illness (in March) was clinically mild dysentery: frequent typical stools for the first week, with slight initial pyrexia. *Bac. dysenteriae* (Flexner) was isolated with ease from the earlier specimens; serological examination of this organism indicated Flexner's Type W as the infecting pathogen. This case made an uneventful and rapid recovery. The second case (in November) was also highly suspicious clinically of a definite dysenteric infection with frequent typical motions, but repeated cultures of specimens of faeces gave only colonies of non-pathogenic bacteria, and specimens of the patient's serum taken at two later dates gave no agglutination in significant titres of any well-recognised dysentery causing bacterium. This case also recovered fairly quickly.

No dysenteric organisms were isolated from any other of the specimens of faeces, the only unusual finding in these cases being a frequent streptococcal overgrowth, and the occasional appearance in plates of *B. alkalescens*, *B. Morgani* and several late lactose fermenting coliform bacteria. No case of enteric infection occurred during the year.

Acute infections of the urinary tract, pyelitis, cystitis and epididymitis, have been of moderate incidence; bacteriological findings in these have invariably indicated some variety of *B. coli* as the organism responsible. In the routine urinary examinations renal casts continue to be a very frequent finding; glycosuria is an exceedingly rare and usually temporary event. Albumin is almost constantly found in female urines collected without any special precautions.

Only two fresh cases of tuberculous infection occurred during the year, both pulmonary. One, a severe confusional psychosis with much violence, was probably infected prior to admission; when sputum became available it was found to be infected, and the patient has made an excellent mental and physical recovery. In the second case, in which infection was probably also present on admission, no sputum was obtainable, and bacteriological diagnosis was established by examination of the faeces.

Autogenous and mixed vaccines prepared in the laboratory continue to prove valuable adjuncts to the treatment of the occasional cases of pyogenic infections of the cutaneous and subcutaneous tissues.

The sera of 137 new admissions were examined for agglutination of *Bac. typhosus*, *Bac. paratyphosus B*, and *Bac. dysenteriae Flexner Y*. The dysentery organism was agglutinated in dilutions of 1 in 80 or over in 6 hours at 55 deg. C. by 24.1 per cent. *Bac. typhosus* and *Bac. paratyphosus B* were *both* agglutinated in dilutions of 1 in 40 or over in 2 hours at 55 deg. C. by 10.9 per cent.; *Bac. typhosus only* by 5.8 per cent.; and *Bac. paratyphosus B only* by 2.1 per cent. Examinations of the excreta from those cases showing any significant agglutination of the above organisms failed to discover any carriers.

Of the new admissions during the year 11 male and 2 female patients were found to have positive Wassermann reactions in the blood serum—17.46 per cent. of the total male and 2.00 per cent. of the total female admissions; the corresponding figures for 1933 were 16.46 and 4.00 respectively.

In addition to the above investigations the laboratory furnished reports on 133 specimens submitted or collected from various sources outside the hospital.

#### XXIII.—FROM THE CUMBERLAND AND WESTMORLAND MENTAL HOSPITAL, CARLISLE.

*Laboratory Report.*—Communicated by the Medical Superintendent.

The following is a summary of the pathological investigations made during the year:—

Blood: Counts, 6; films, 3. Sputa, 3. Urinary examinations, 256. Blood Wassermann, 80; Widal, 77; C.S.F.: Wassermann, 4; colloidal gold, 4; cell count, 3. Stools: Occult blood, 1; coli-typhoid organisms, 4. Throat swabs, 3. Histological examination, 1. Post-mortem examinations, 57 (100 per cent of deaths).

#### XXIV.—FROM THE DEVON COUNTY MENTAL HOSPITAL, EXMINSTER.

*Report of Clinical and Pathological Investigations.*—By Dr. R. EAGER, O.B.E., Medical Superintendent.

*Laboratory Report.*

Since my last report twelve months ago, there have been no cases of typhoid in the hospital, and we have now been free from this disease for over four years. There were unfortunately three cases of dysentery; one of these occurring in M.5 ward, while the other two were taken ill in the female wards infirmary after being transferred from female ward 3.

At the beginning of April, a patient who had been in the hospital for some years, complained of sore throat, and examination showed her to be suffering from diphtheria. She was promptly isolated, and examination of all immediate contacts was carried out. No further cases developed.

One case of scarlet fever occurred in April, and two cases of German measles, one in April and one in May. These were all in female nurses.

There was a small epidemic of "sore throats" in the spring and early summer of the year, and in most of these Vincent's organisms were present.

The milk supply of the hospital was examined bacteriologically frequently during the summer months, and each time it was found to be well within the legal standards.

A considerable amount of further work was carried out in testing the prophylactic value of various drugs against malaria, and a record of this is given in detail as an addendum to this report by Colonel S. P. James, of the Ministry of Health.

The following is a detailed list of examinations made during the year :

*Routine examinations.*—Urines (albumin, sugar, etc.), 2,694 ; sputum for tubercle bacillus and other organisms, 57. Blood : Counts (red and white cells), 87 ; differential cell counts, 91 ; haemoglobin estimation, 87. Bacteriological examination of throat swabs, etc., 79. Post-mortem examinations, 98.

*Special examinations.*—Cultural examinations of faeces for organisms of the typhoid and dysentery groups, 49. Microscopical sections, 66. Blood examinations : Wassermann reactions, 91 ; Kahn's flocculation tests, 88 ; malarial parasites : benign tertian experiment with atebirin, plasmoquine and quinine, 227 ; g.p.i. treatment with induced malaria, 129 ; Widal, 9 ; culture, 2 ; Van den Bergh, 2 ; urea, 40 ; sugar, 15 ; sugar tolerance tests, 6. C.S.F. examinations : Wassermann, 25 ; Kahn flocculation tests, 23 ; Lange's colloidal gold reactions, 25 ; cell counts, 20 ; estimation of globulin (Pandy and Nonne Apelt) and protein, 25. Urine examinations : Urea concentration and excretion tests, 5 ; sugar tolerance tests (urinary excretions), 4 ; atebirin excretion tests, 10 ; for presence of tubercle bacillus, 2 ; culture, 4 ; phenol, 1 ; ketonurea (narcosis treatment), 15 ; Faeces examination : Occult blood, 52 ; presence of tubercle bacillus (antiformin method), 29. Gastric analysis, 6. Pleural fluid (cytology, etc.), 11. Bacteriological milk examinations, 8.

### *Hypnotics.*

An investigation into the value of the more recently introduced hypnotic drugs has been carried out here during the year by Dr. Fisher as a supplement to my article on this subject which was published in the *Journal of Mental Science* in July 1914. He agrees that Paraldehyde is much too universally used and that this no doubt is due to its cheapness and the fact that it has no depressant effects on the heart, whilst the fact that it is a bronchial irritant, rendering it most undesirable in cases of emphysema, bronchitis or of those suspected of having pulmonary tuberculosis, seems to be ignored. It is, in my opinion, more scientific to prescribe alcohol in medicinal doses to senile cases in preference to paraldehyde although the cost and possible abuse of the former renders this impracticable in hospital practice.

Whilst paraldehyde must be admitted to be one of the most useful sleep-producing drugs at our disposal, and in acute cases of maniacal excitement is invaluable, its administration should not be repeated over an unduly long period, owing to its tendency to produce bronchial irritation. This particularly applies to senile cases. Here sulphonal or the milder and more recently introduced didial has been found to be especially beneficial whereas in younger cases quadronox and nembutal have been found most useful as substitutes for paraldehyde.

In regard to the barbiturate group about which there has been some controversy in the Medical Press I can only say that we can record no ill-consequence of their liberal use under proper supervision.

Allonal, soneryl, medinal, heberal sodium, evipan and dial have all been tested and found to be of little use in the acute type of case admitted to mental hospitals but are no doubt valuable as hypnotics in the minor psychoses and psycho-neurotics.

Nembutal however has proved quite efficacious as a quick hypnotic given in doses of  $1\frac{1}{2}$  to 2 grains. But its effects are too short to advocate it as being of any real use in mental hospital cases.

Luminal still holds the field in respect to the treatment of epilepsy as a substitute for bromides.

Prominal has been tried on cases which had been treated by luminal without success, but did not produce any strikingly different results. "Phenobarbitone soluble," the British equivalent of luminal, is now being used with as equally good results. It costs 2/6 per ounce, whilst luminal, manufactured abroad, costs 14s. per ounce.

Somnifaine has the advantage that it can be administered hypodermically and acts quickly. It therefore takes the place of hyoscine which has fallen into disrepute at this hospital. It is also advocated for the production of prolonged narcosis; a method which has met with considerable success in the treatment of certain acute cases on the Continent and at a few mental hospitals in this country. We have given this treatment a very limited trial so far in this hospital but hope to extend this during the coming year.

With regard to morphia, I must again repeat what I said in 1914, and deprecate its use in the strongest possible terms as it still seems to be so commonly used by general practitioners purely as a sleep-producing drug. Unless pain is the cause of insomnia, morphia has no special value over the host of other hypnotics at present on the market and it certainly has many disadvantages as regards its after-effects in comparison with other drugs which have been already mentioned.

Further, we now have allonal, comprol, and veramon, all of which are advertised as having pain-relieving properties and which would be preferable to morphia.

Veronal and medinal, in my experience, are much more serviceable drugs than the average general practitioner seems to think, and still serve as much more valuable hypnotics than morphia.

I also wish to emphasise what I said in my original article, *i.e.*, that the cause of insomnia should be given more careful investigation before a hypnotic is administered. Too much light, too few bed clothes, physical disease, insufficient exercise during the day, and, last but not least, noise may be the disturbing factors, all of which can be appropriately remedied prior to the resort to hypnotics.

Attention to general health and sufficient occupation by day may do far more good than hypnotics by night; hence the administration of the latter drugs should be avoided wherever possible.

I was asked to speak on this subject at the Annual Meeting of the British Medical Association held in Bournemouth in the month of July and the above is a digest of my remarks on this occasion.

### *Treatment of Dermatitis.*

Dermatitis occurring as a sequela to sulphur treatment is very frequent and intractable, and also masks any scabies lesions which may be still present. Such applications as lotio calamine, ung. zinc oxide, ung. boracic, etc., have been used for long periods with indifferent results. The cases which occur are frequently difficult to treat owing to their mental condition which prevents any co-operation in cleanliness, restraint from scratching, picking their skin, etc.

A letter was recently published in the British Medical Journal advocating the use of the following prescription:—R/Acid Carbolic Liq. m.x.; Sulph. Precip. grs. x.; Resorcin. grs. x.; Paraffin Molle  $\frac{1}{2}$  oz.

My deputy (Dr. Bainbridge) has given this a trial and states that one of the main advantages of this ointment is that the carbolic acid content relieves itching and the consequent abstinence from scratching gives the condition a chance to clear up. The ointment appears to be well tolerated and can be used with intermissions for extended periods. He considers

that the urine should be kept under survey in case of carbolic absorption and he intermits the application with the use of some bland ointment.

I have also seen "Mitigal" (dimethyl-diphenylene-disulphide) advocated for this dermatitis but it is much more expensive.

It is not suggested that the ointment which has been used here is a cure for scabies (for the treatment of which I still consider sulphur baths are pre-eminent), but merely for the resultant dermatitis which so often follows sulphur treatment.

Thirty cases were treated. The dermatitis varied in degree from a slight eruption to a severe pustular eruption and the results obtained were definitely satisfactory. Patients obtained better rest and felt more comfortable. Patients under treatment should wear old soft pyjama suits, as thick flannel garments may often contain a residuum of soap powder after laundry which causes the irritation to the skin and leads to scratching.

#### *Treatment of General Paralysis by Induced Malaria.*

Eight cases (all male) were treated. Of these, 5 were infected with Blood (direct) and 3 with Defibrinated blood supplied by the Ministry of Health. The average time taken for pyrexia to develop was 11 days in the cases of direct blood infection and 12 days in those infected with defibrinated blood.

These cases all showed well developed mental symptoms and neurological signs. One case—(J.W.G.)—on admission showed advanced mental and physical deterioration. Nutrition was very poor; he was suffering from bed sores and incontinence of urine. Treatment was undertaken with a degree of hesitancy but he tolerated it well and 6 weeks later physical improvement commenced. After 2 months both mental and physical improvement were most marked. He was rational, industrious and became well enough to have parole and was subsequently discharged. Of the remainder, 2 cases were discharged. Of the 5 others, 2 have improved physically but not mentally. And the other 3 at present show no material change. There were no deaths under treatment. In addition to the patients discharged who were treated in 1934 there were 3 other patients discharged who had received treatment in 1933. The total number now treated comes to 79, of whom 32 have been discharged, showing a recovery rate of 40 per cent. as result of malaria therapy. Of these, only 4 have returned to this hospital owing to subsequent deterioration.

In order to try and gather further information as to the present condition of those formerly discharged, a questionnaire was sent to all patients who had been discharged or transferred up to the end of 1933. The number written to was 26 and 23 replies were received.

This disclosed the fact that 22 were still alive, that 15 had continued to improve mentally and that 12 were in good physical health. The mental condition of 5 was reported as stationary and in 2 cases only was it reported as deteriorating whilst in 2 cases also the bodily condition was described as fair and in one case only as bad. In only one case was anything resembling congestive attacks reported and this was in a case who was treated in the advanced stage 10 years ago. It is satisfactory to know that 10 were in regular employment, seeing that many are pensioners and past regular work.

There are also remaining in hospital 27 patients who have received treatment.

This, together with the 5 cases discharged this year, makes a total of 54 patients surviving out of 79 treated at varying periods during the past 10 years, a percentage of 68.35 whereas in the days before the malaria treatment 100 per cent. were dead in 3 years or less from the time they were considered bad enough to be admitted to a Mental Hospital.

But again may I add that early treatment is so imperative that delay through failure of diagnosis is more than a regrettable accident. It may make the difference between an almost complete recovery, and the mere arrest of an advanced dementia, which latter results in the saving of a socially worthless being who possibly survives 10 or 20 years longer in a Mental Hospital at the ratepayers' expense.

#### *Ultra-Violet Light Therapy.*

Fifty-three Patients received ultra violet light therapy during 1934. Of the 53 patients, 5 showed mental improvement, but this was more than counter-balanced by 6 patients who showed mental deterioration. The physical indication for treatment was usually general debility accompanied by anaemia, pustular dermatitis, and loss of weight and 28 patients received such on these grounds. The most satisfactory cases proved to be skin lesions, and four cases of pustular dermatitis rapidly healed. Physical amelioration was uniform throughout the various mental entities. Over 50 per cent. of the subjects received benefit physically, but less than 10 per cent. showed mental improvement. The initial exposure was 1 minute and this was lengthened by a similar period at each subsequent visit, the maximum exposure being 30 minutes. The treatment was given twice weekly.

#### *Antimalarial Chemotherapeutic Tests at the Devon Mental Hospital.—By Colonel S. P. JAMES, M.D., F.R.S.*

In 1934, as in the two preceding years, Dr. R. Eager collaborated with Colonel S. P. James, of the Ministry of Health, in conducting clinical therapeutic trials with various synthetic antimalarial remedies on behalf of the Chemotherapy Committee of the Medical Research Council. The chief object of the trials was to ascertain if any of the new synthetic antimalarial preparations is effective for the purpose of true "causal prophylaxis," by which is meant the prevention of malaria by radical destruction of the organisms injected by infected mosquitoes before they begin their developmental cycle in the human host. By the end of 1933 a sufficient number of trials of atabrin and plasmoquine in comparison with quinine for the prevention of benign tertian malaria (*P. vivax*) had been made, and the cases had been observed during a sufficiently long period to warrant a definite conclusion being deduced from the results. This conclusion was stated in the Annual Report of the Hospital for 1933. The next step was to conduct similar trials in which the mosquitoes were infected with malignant tertian malaria (*P. falciparum*) instead of with benign tertian. Two series of trials of the effect of drugs in preventing malaria due to this form of the parasite were made, the first beginning on November 5th, 1933, the second on March 23rd, 1934. As the first trial was made so near the end of 1933 its results fall for record in the present report, together with those of the second trial. The arrangements for conducting the trials and for observing their results continuously for a sufficiently long period, did not differ materially from those made for the trials with benign tertian malaria which were described in the Annual Report for 1933, so it is only necessary to say that the mosquitoes for the trials with malignant tertian malaria were infected with a Roumanian strain of *P. falciparum* in the Ministry of Health's Malaria Laboratory at Horton, and were then taken to the Devon Mental Hospital where the prophylactic trials were conducted. As the results in the two series of trials were the same, details regarding them can be summarized in one statement as follows :

MALIGNANT TERTIAN MALARIA (*P. falciparum*).  
Prophylactic trials.

Prophylactic Doses	Date of trial	Cases	No. of bites by infected mosquitoes	Period of observatn.	Result and Remarks
				Months.	
Control cases.	5.11.33	P.S.	1	14	Attack with incubation period 11 days
No prophylactic drug	26.3.34	T.C.	5	10	14 „
	„	J.G.	3	10	13 „
	„	E.McG.	3	10	9 „
	„	F.S.	2	10	11 „
Quinine, 1 gramme daily for 6 days if commenced on the day of infection, or for 7 days if commenced on the day before infection.	5.11.33	W.T.B.	9	14	Attack with incubation period 18 days
	„	J.A.	6	14	16 „
	„	W.G.	6	14	17 „
	„	E.L.	8	14	16 „
Atebrin, 0.3 gramme daily for 6 days if commenced on the day of infection, or for 7 days if commenced on the day before infection.	5.11.33	F.F.	6	14	No attack to date
	„	M.W.	8	14	„ „
	„	M.E.	8	14	„ „
	„	E.H.	8	14	„ „
	„	L.E.P.	21	14	„ „
	26.3.34	A.H.	3	10	„ „
	„	S.S.	4	10	„ „
	„	N.C.	4	10	„ „
	„	E.C.	5	10	„ „
	„	E.A.G.	4	10	„ „
	„	A.M.	3	10	„ „
	„	E.T.	5	10	„ „
	„	E.R.	3	10	„ „
Plasmoquine, 0.8 gramme daily for 6 days commencing the day before infection.	5.11.33	E.D.	4	14	No attack to date
	„	R.A.	2	14	„ „
	„	J.M.	5	14	„ „
	„	P.O.	4	14	„ „
	„	W.R.	6	14	„ „

The conclusion which emerges from these results is that quinine, even when given in "curative" doses during the incubation period of an infection due to *P. falciparum* has no action in preventing the onset of the malarial attack but that both atebrin and plasmoquine are very effective for that purpose. In practice, for prophylactic use by persons who are not under medical supervision, atebrin is to be preferred to plasmosquine which occasionally causes more or less serious secondary symptoms when taken in the doses necessary for preventing the onset of the malarial attack. Atebrin is free from the risk of causing those symptoms and its only disadvantage is that it colours the skin of some persons slightly yellow. The colour is due to the dye which the preparation contains and not to any injurious action on the system, and it does not persist many days after the person has ceased to take the prophylactic doses. The efficacy of atebrin and plasmoquine for preventing the onset of malarial attacks having been proved by the above trials, it was desirable to ascertain whether the same good result could be obtained if they were administered in somewhat larger doses for a shorter period than six or seven days. A trial of atebrin and plasmoquine in comparison with quinine was therefore arranged in November 1934. It was a trial to ascertain if any of those drugs when administered in a large dose on the evening before infection and again in the same dose at the actual time of infection would prevent the onset of a malarial attack due to the bites of mosquitoes infected with the benign tertian malaria parasite *P. vivax*.

The details of the trial are given in the following statement :—

BENIGN TERTIAN MALARIA (*P. vivax*).  
Prophylactic trials.

Prophylactic Doses	Date of trial	Cases	No. of bites by infected mosquitoes	Period of observatn.	Result and Remarks
Quinine, 3 grammes (45 grains) on the evening before infection, and the same dose on the next day at the actual time of infection.	15.11.34	Ry.	4	Months. 2½	Attack with incubation period 13 days
	„	Doi.	6	2½	15 „
	„	At.	13	2½	14 „
Plasmoquine, 0.8 gramme on the evening before infection, and the same dose on the next day at the actual time of infection.	15.11.34	Mc.	10	2½	No attack to date
	„	Hos.	10	2½	„ „
	„	Os.	5	2½	Parasitic attack (without fever) after an incubation period of 16 days
Atebrin, 0.6 gramme on the evening before infection, and the same dose on the next day at the actual time of infection.	15.11.34	Ha.	9	2½	No attack to date
	„	Sh.	5	2½	„ „
	„	Co.	5	2½	„ „

It is shown by the results of this trial that quinine is ineffective as a “true causal prophylactic” even when given in a dose which is three times as large as the usual “curative” dose. Plasmoquine and atebrin on the other hand continue to yield results showing their efficacy for that purpose, but atebrin appears somewhat more effective than plasmoquine. It is to be noted, of course, that as this trial was for the prevention of benign tertian malaria (a type which is very liable to relapse between six and eight months after infection) the final result of the trial cannot be stated until the cases have been observed during the first half of the year 1935.

XXV.—FROM THE DORSET COUNTY MENTAL HOSPITAL.

*Pathological Report.*—By Dr. P. W. BEDFORD, D.P.M., Medical Superintendent.

*Analysis of Laboratory Investigations.*—During the year 1934, 3,351 investigations were carried out in the laboratory, this being a decrease of 306 on the previous year.

Subjoined is a summary :—

Urine: Routine examinations, 1,382; sugar estimations, 113; spectroscopic examinations for haematoporphryn, 33; Bacteriological examinations, 10; urea estimations, 9; albumen estimations, 6; Biuret reactions, 8. Faeces: Routine examinations, 724; sigmoidoscope swabs, 12. Blood: Meinicke's reaction, 162; Wassermann's, 20; R.B.C. and W.B.C. count, 35; Widal's reaction, 250; urea estimations, 17; sugar estimations, 9; polynuclear count, 14; bactericidal examinations, 22; sedimentation rate, 1; malaria parasites (examination for), 1; bacteriological examinations, 1. C.S.F.: Globulin cell count, etc., 36; Meinicke's reaction, 44; Wassermann's, 39; colloidal reaction: gum mastic, 43, bi-coloured Guaicum 32.

Gall bladder bacteriological examinations, 45; vaccines prepared, 109; dysentery vaccine, 21 litres; gastric juice chemical examinations, 55; bacteriological examinations: water, 47; throat swabs, 10; sputum, 14; pus, 8; histological sections, 18; material for scabies, 1.

### *Typhoid.*

(a)—Two cases occurred, each of some medical interest.

(i)—Nurse B. Female, aet. 29. She contracted the infection while working in the isolation ward among the known carriers. She had been previously inoculated. Pyrexia existed for only ten days and the temperature did not rise above 102 deg. There was no abdominal pain or tenderness and the stools were normal throughout. *B. Typhosus* was excreted on the 8th, 9th and 10th days of the disease; thereafter the faeces have been persistently negative. The route of invasion was almost certainly through the pharyngeal mucous membrane, as, apart from pyrexia, the only symptoms were sore throat and cough.

(ii) Mrs. C. M. Female, aet. 69. She was a decrepit dement, in contact with carriers. She had been previously inoculated. Again the symptoms were mild but she has passed into a carrier state.

(b)—(i) One carrier was discovered in female hospital ward. Excretion of the organism is very intermittent.

(ii) One carrier of *Paratyphosus B.* was discovered post-mortem. The disease had hitherto been unknown in the hospital.

(iii) One typhoid carrier died of intercurrent disease. The organism was recovered from the gall bladder P.M.

(c) Certain investigations were made into the carrier state. It was found:—

(i) That the actual agglutination titre of the blood (H. and O.) might be very low, but remained constant, in contradistinction to the agglutination curve of an acute case.

(ii) That precepitins and agglutinins were present in the faeces, but in uncertain quantities.

(iii) That the raising of the agglutination titre by intravenous injection of autogenous vaccine did not affect the excretion of the organism, numerically or qualitatively.

### *Dysentery.*

Sixteen fresh cases occurred, the majority of them being mild, but 4 debilitated female patients died. The infecting organism in each case was *B. Flexner Z.* (The intensive efforts being made to control this disease are being maintained.)

(a) 8 fresh carriers were found in the infected wards.

(b) Methods of investigation were modified to include:—

(i) Macroscopic examination of stools for mucus.

(ii) Preservation of specimens in glycerine-saline.

(iii) Sigmoidoscopy.

(iv) Serological differentiation between carriers and sub-infections.

(v) A comprehensive register of such cases, with special reference to contact-infection.

(c) Preventative vaccination has been practised by three different methods, in each case the same vaccine being used—*B. Flexner Z* grown on agar from recent cases and killed at the lowest temperature possible—50° to 53° C.

(i) Oral vaccination—three doses of 100,000 million given fasting with bile—was employed in the infected wards. The preventative effect was slight and this method has been abandoned.

(ii) Subcutaneous inoculation—two doses of 2,000 million followed each four months by another single dose—has been effected throughout the female side. Although in certain debilitated cases the reaction, both local and general, has been very severe, this method is at least partially effective.

There have been only two very mild cases of dysentery on the female side during the past nine months.

(iii) Intravenous injection of smaller doses is now being employed on the male side and shows certain theoretical advantages.

(d) The bactericidal action of (a) whole blood, (b) citrated blood, (c) heated sera, (d) untreated sera and (e) absorbed sera was investigated in four carriers and compared with the controls (new admissions) by the method of Thojtta.

It was found that bactericidal action of the dysenteric sera was stronger than those of the controls, and that this bactericidal action did not correspond to the agglutination titre of the sera, and that absorption did not affect bactericidal value.

*Gastric juice in dysentery.*—In 30 old cases of dysentery and 25 controls the acidity of the resting gastric juice was determined. The average acidity of the dysentery cases was lower, but some of these showed an abnormally high acidity. Administration of H.C.1 to infected wards afforded no protection against the disease.

#### *Neuro-Syphilis.*

There were 11 new admissions suffering from neuro-syphilis—seven men and four women. Two male syphilitics were re-admitted; one after two years, during which time he had continued at work, and the other after only three months at home. Of the 11 new admissions, three women and one man died within a very short time after admission; the women were so ill as to preclude any hope of effective treatment. One case was a transfer from another hospital and had already received malarial treatment.

#### *Schizo-Phrenia.*

Three different forms of treatment have been employed:—

(1) Intravenous manganese chloride continues to be used, and appears to mitigate the catatonic symptoms.

(2) Induced pyrexia, in two cases, was without effect.

(3) Prolan (urinary extract of Ant. Pituitary) was employed in six cases—3 male and 3 female—in varying dosage.

One male recovered in such dramatic fashion that the diagnosis is in doubt; the other five showed only slight and temporary stimulation.

#### *Peptone in Urine.*

A female patient who had been treated with large doses of Luminal prior to admission, was found to excrete large quantities of Peptone in the urine. Post-mortem the kidneys showed a sub-acute nephritis, with considerable tubular necrosis.

#### *Somnifaine.*

This drug has been extensively employed throughout the hospital.

(1) It has been used in a series of cases to induce prolonged narcosis. In each case full precautions were employed; the patient was tested orally for barbituric idiosyncrasy, he was protected with glucose and insulin, and the total dosage was comparatively small. Despite these precautions it was found that pyrexia was almost inevitable in dosage above 4 c.c. daily, and that a high proportion of these pyrexial cases, despite immediate and repeated spinal drainage, were attended by pulmonary complications—bronchitis, oedema and pneumonia. One patient died. Although the mental improvement following prolonged narcosis is very marked, the procedure is too dangerous for routine use in the average mental hospital.

(2) The drug is now used in doses of 2 c.c. daily over prolonged periods, and forms, when thus used, an invaluable supplement to the more ordinary sedatives.

*Treatment of General Paralysis.*

The treatment of cases of general paralysis in this hospital takes the form of one of two methods : (a) Tryparsamide alone, or (b) Tryparsamide in conjunction with pyrififer.

Method (a) is now seldom adopted but was, for some years previous to 1932, the only method used. Only one patient, so far, has developed any serious eye trouble, and in this case it is doubtful if his disability arises from treatment. The routine treatment now is, wherever possible, a combination of the two methods.

The composition and nature of the arsenical preparation of tryparsamide is well known.

As regards Pyrififer, its active constituent is said to be "fever producing bacteriological substances which have been obtained by a special process out of certain non-pathogenic microbe strains." The product is put up in various strengths in 1 c.c. ampoules and is administered intravenously in increasing doses according to the effect produced ; a total of twelve pyrexial treatments constitutes a course. There have been no unwelcome complications and no symptoms of any severity attributable to the treatment. Complaints of headache and vomiting are the only two symptoms which occur fairly regularly and in no case lasting for more than a few hours or of sufficient intensity to call for active treatment.

The results of treatment are so far encouraging. Of the cases treated by tryparsamide alone, the following periods have elapsed :—

Nine years or over.—Two cases, both living outside institutions, one in active business and the other in good physical condition but shiftless.

Eight years.—Two cases, one still in hospital, the other discharged. Physical condition good in both cases.

Seven years.—One case, discharged and in good bodily health.

Six years.—One case, still in hospital. Eyesight very bad.

Five years.—Two cases, one still in hospital, the other discharged two years ago and not heard of since.

Under five years.—Ten cases, seven still in hospital, three discharged. The seven in hospital are in good physical condition.

Only one death occurred in this series, and that was in a case admitted in a very advanced stage who died five weeks after admission.

Cases treated by combined method number 14 men and 3 women. Of these, three died—one woman from carbuncle, one man from general paralysis, and another man from broncho-pneumonia following a septic cut lip ; at the time of death this latter case was in good physical health and his c.s.f. was negative to the Wassermann reaction.

One woman remains in hospital—her physical condition is good, but she is in need of institutional care. Five men remain in hospital who are in good physical condition, but show an intellectual defect necessitating retention under certificates. One male case is steadily losing ground, despite treatment—one had a remission lasting two years, during which time he worked regularly and is now improving once more under treatment after a severe relapse. One male, a voluntary patient, is steadily improving under treatment. Another male case of recent admission is receiving treatment.

One woman was discharged in a good remission. Four men were discharged, three of whom attend out-patient clinics to receive tryparsamide at regular intervals ; three of the four are in regular work. One man, a railway pensioner, is unable to concentrate sufficiently to work. Two of the men have been out for two years, one for 18 months, and the other for seven months. The woman has been out five months. All cases were certified, excepting 3 men, who were voluntary patients (two sent in from out-patient clinics run by the staff of the mental hospital).

This series of cases is of too recent occurrence and too small in numbers to permit any drawing of conclusions, but the opinion of those in charge

of the cases is that, given a reasonably early diagnosis, pyrifera and tryparsamide give about a 30-35 per cent. good remission rate and is free from the risks incurred in treatment by malaria.

A few cases of G.P.I. were admitted in so advanced a stage of the disease as to be beyond treatment, and these have not been included in the above numbers. They are not more than three in a year at the most.

#### XXVI.—FROM THE DURHAM COUNTY MENTAL HOSPITAL.

*Laboratory Report.*—By Dr. G. S. WILSON, D.P.M., Medical Superintendent.

Work commenced officially in the laboratory attached to our new Reception Hospital in March 1934, and the following is a summary of the 1,082 examinations carried out there during the remainder of the year.

Urines : Routine, including sugar and acetone bodies, 591 ; culture, 66 ; special for T.B., 4. Blood : Total counts Hb per cent. and C.L., 19 ; Widal examinations, 15 ; culture, 2 ; sugar, 6 ; glucose tolerance curve, 1 ; precipitation and Kahn reactions, 42. C.s.f. : Complete, including colloidal gold and protein reactions, 13 ; precipitation and Kahn, 4. Bacteriological: Sputa, 31 ; faeces, 236 ; including occult blood, 3 ; for T.B., 9 ; oxyuris vermicularis, 1 ; taenia saginata, 1 ; throat swabs, 34 ; vaginal swabs, 2 ; eye swab, 1. Pus : Abdominal fistula, 1 ; face ulcer, 1 ; leg ulcer, 1 ; for tumour, 1 ; dressing for organisms, 1 ; pleural fluid, 1.

The milk supply has been examined bacteriologically twice, and the water supply six times.

Histology : 1 liver growth sectioned and stained and found to be adenocarcinoma of the bile duct. 1 brain, 3 hearts, 1 taenia saginata have been preserved for museum specimens. All media and stains have been prepared. Post-mortem examinations, 156 (56 per cent. of Deaths).

*Diarrhoea.*—An outbreak of acute diarrhoea occurred. Faeces from all patients in the affected ward examined direct and by culture. No carrier of dysentery or typhoid was detected. The milk and water supplies were examined. The water was found to be of a high degree of purity.

*X-Ray.*—Seventy-seven successful X-Ray examinations have been carried out during the nine months.

#### XXVII.—FROM THE ESSEX COUNTY MENTAL HOSPITAL, BRENTWOOD.

*General Report.*—By Dr. W. G. MASEFIELD, D.P.M., Medical Superintendent.

##### *Laboratory Work.*

During the year, 6,117 examinations were performed ; specimens received numbered 4,806.

Faeces : Bacteriological, 307 ; rectal swabs, 1,427. Blood : Counts, 1,042 ; for parasites, 214 ; for W.R.s, 118 ; for halos, 369 ; reticulocytes, 164 ; sugars, 29 ; ureas, 4 ; N.P.N.s, 3 ; Van den Bergh, 4 ; cultures, 6 ; grouping, 39. C.S.F. : W.R.s, 39 ; colloidal golds, 40 ; cells, globulin, etc., 42. Urine : Chemical, 434 ; bacteriological, 32 ; Widal reactions, 661 ; throat swabs, 102 ; sputum, 70. Pus : Bacteriological, 96 ; sections, 372. Animal inoculations : Research, 241 ; diagnosis, 4 ; gastric analysis, 1. Vaccines prepared, 27. Water bacteriological, 60 ; milk bacteriological, 31. Miscellaneous examinations, 139.

*Investigation of Dysentery.*—By Dr. A. C. SINCLAIR, D.P.H., D.P.M., and Mr. A. W. PETTIT, Technician.

This investigation was undertaken as part of the scheme to eradicate the dysentery, which has been endemic in this mental hospital for some years, and outbreaks of which have assumed at times serious proportions.

It soon became increasingly clear that the only satisfactory method for

the detection of fully developed, of doubtful cases and more especially of carriers was by laboratory diagnosis. Yet it is notorious how unreliable are the laboratory findings in this disease, it being a common occurrence for samples of stools in cases of unquestionable clinical dysentery to be pronounced bacteriologically negative. This inconsistency is usually ascribed to the poor vitality of the dysentery bacillus, but this we believe not to be the case, for reasons we shall put forward, but rather to unsuitable technique.

We believe we have evolved a reasonably simple and reliable method, whereby a smear of the interior of the rectum is taken and inoculated on the spot into a tube of a suitable culture medium, which can then be examined at leisure, and in which the dysentery bacillus can be proved to survive for a much longer period than in faecal specimens.

The technique is as follows:—

**Apparatus required:**

Rubber swabs.—India-rubber vaginal douche nozzles, 6 in. by  $\frac{3}{8}$  in., as supplied with Higginson's enema syringe.

Broth Tubes.—Thick glass tubes, 6 in. by  $\frac{7}{16}$  in., containing 3 c.c. broth.

Nutrient Broth.

Plates of McConkey's medium.

The india rubber douche nozzles are stored in 8 in. by 1 in. tubes in sterile water, and are taken direct from this for use. The water provides sufficient lubricant to enable the tube to be easily passed.

The rubber swab is passed into the rectum about 5 inches, and on withdrawal is transferred to the tube of broth and agitated in order to wash off the faecal material into the broth. The rubber swab is then transferred for disinfection to a tube of 1 in 100 Cyllin and corked. On return to the laboratory the broth tube is incubated at 37° C. for 30 minutes. At the end of the 30 minutes' incubation four platinum loopfuls of the faecal emulsion are plated on to a Petrie plate of McConkey's medium and again incubated at 37° C. Colonies can be picked off the plate for testing against the Oxford Standard sera in 12 to 15 hours after the plates are made. In all cases a positive agglutination result is confirmed by putting the organisms through sugars.

All swabs and tubes are sterilized by boiling first in soap and water, and afterwards in plain water.

It is important that the tubes should be the size given, so that on inserting the rubber swab the broth displaced washes the whole of the india rubber nozzle.

The only bedside procedure is the collection of the swab and transference to broth, this operation with the assistance of trained staff occupies about 1½ minutes for each patient.

On inspecting the growth on the McConkey plates, it is easy to recognise the pearly white non-lactose-fermenting colonies as they contrast well with the red lactose-fermenting colonies of *B. coli*. These white suspect colonies will be found to be of various sizes, viz., medium ones of 1 mm. in diameter and those larger and smaller than this, and it is important that only the small colonies be selected for agglutination against dysenteric sera. The organisms growing in the large colonies do not usually belong to the dysentery group at all, but are unclassified denizens of the intestine. They are possibly allied to both the *B. coli* and the dysentery sera, and they present a bewildering variety of sugar reactions. Moreover they would appear to be more resistant than the dysentery bacillus and contrive to survive the demise of the latter in faecal material, to the confusion of the bacteriologist. In our experience they are often present in large numbers at the dawn and sunset of a dysentery attack, and it is not clear what their significance may be. These organisms are treated by us with a certain amount of suspicion, and when they are discovered during routine examination, the patient is isolated and treated with a course of calomel, when the organisms usually disappear after a few days.

The advantages of this method of rectal swabbing will be immediately apparent from a purely administrative point of view. It is cleanly and expeditious, and over a long period we have had no serious objection to it, and in the case of ill patients, it can be performed without an undue amount of exposure. When sporadic cases of dysentery appear, an entire ward of 60 patients or more can be put to bed and rectal swabs taken in the space of an hour or so, thus carriers and doubtful cases can be weeded out and an outbreak nipped in the bud.

But it is from the bacteriological and clinical standpoint that this technique has proved of special value, for the following reasons.

1. In an ordinary faecal sample the dysentery bacilli will usually die out in 2-20 hours at room temperature, whereas they are found alive and vigorous in the rectal swab culture at the end of 72 hours or longer. The enormous advantage will be appreciated in cases where samples have to be sent by post or cannot be examined immediately. Often in our experience a freshly taken specimen of faecal material containing blood and mucus has been known to give a strong growth of dysentery bacilli, and yet two hours later no sign of dysentery bacilli can be found, whereas a rectal swab culture in the same case will yield growths of the dysentery organisms for perhaps days afterwards.

2. By rectal swabs we have frequently succeeded in demonstrating the presence of dysentery bacilli in apparently healthy people and in certain cases of clinical dysentery, when at no time could they be isolated from the stools.

3. It is often only at the peak of the attack that dysentery bacilli are present in the stools in large numbers, yet by rectal swab culture one can isolate the organisms during a considerable period before and after the acute stage of the illness, whereby, on the one hand, cases can be isolated early and, on the other hand, potential carriers can be detected, segregated and treated.

4. This method is especially valuable in diagnosing those doubtful cases that crop up in a dysentery outbreak and that present only the mildest constitutional disturbance and where one does not wish to condemn the patient to segregation without sufficient warrant.

Why the dysentery bacillus should die out so rapidly in faecal specimens and survive in the rectal swab culture, one can only conjecture; but in order to demonstrate that the organism itself is essentially anything but fragile we have carried out the following experiments.

1. In January 1934, a flask of sterile tap water was inoculated with a loopful of *B. Flexner* (Z strain) culture and placed in an exposed outhouse and tested at suitable intervals. Living *B. Flexner* was recovered at the end of 134 days.

2. Sterile milk was similarly inoculated and living *B. Flexner* recovered at the end of 201 days.

3. Sterile tap water was similarly inoculated with a loopful of *B. Flexner* and *B. coli*. Living *B. Flexner* was recovered up to the 55th day. Living *B. coli* recovered up to the 96th day.

4. Sterile milk was inoculated with *B. Flexner* and *B. coli*. Living *B. Flexner* was recovered up to the 97th day and living *B. coli* up to the 144th day.

Similar results were obtained by repeating the experiments with *B. coli* alone and with *B. Sonne*, by substituting other media such as nutrient broth and egg white and by growing at lab. temperature.

In each case the identity of the organism was established by agglutinations, sugar reactions and the usual laboratory tests.

It is often asserted that an appreciable percentage of the general population harbour the dysentery bacillus. This we have not found to be so, as, out of a total of 797 new admissions examined, one only was found to be infected with dysentery. On the other hand, there must be many outbreaks of dysentery in the general population that pass unrecognized,

and we have had the opportunity of proving the presence of unsuspected Sonne dysentery bacilli in cases of so-called gastric influenza in various localities.

The results here given are based on the examination of 1,011 rectal swabs in 1933, of 1,427 rectal swabs in 1934, besides a very large number of faecal specimens.

During 1933, dysentery bacilli were isolated from the rectal swabs of 36 patients and from 58 in 1934. These have almost entirely belonged to the Z strains of Flexner bacillus, but lately a few cases of the X variety have appeared.

## XXVIII.—FROM THE GLAMORGAN COUNTY MENTAL HOSPITAL.

*General Report.*—By Dr. D. RHYD OWEN, Medical Superintendent.

### A.—Laboratory.

The following is a summary of the investigations undertaken during the year :—

Routine urine examinations, 1,580. Blood : Wassermann, 251 ; films for malaria parasites, 75 ; differential counts, 19. Cerebro-spinal fluid : Wassermann, 11 ; cell counts, 10 ; protein content, 10 ; Kahn reaction, 1. Sputum examination for tuberculosis, 15. Faeces (bacteriological examination), 13. Purulent effusion examination, bacteriological, 2. Blood sugar estimation, 6.

### B.—Clinical.

(a) *Malarial Therapy.* By Dr. T. LLOYD EDWARDS, D.P.M., and Dr. R. J. PHILLIPS.—This treatment for general paralysis of the insane was initiated in the month of October and continues. The mode of infection was by direct mosquito bite and subsequently by means of intra-muscular or sub-cutaneous inoculation of infected citrated blood. From the time of onset of the fever the patients were placed on light nourishing diet and Tr. Strophanthus m 3 t.d.s. administered. The average temperatures attained were 104-105° F. The number of rigors allowed were usually ten, and in every case the fever was effectively terminated by the administration of quinine hydrochloride. In conjunction with the malarial therapy an arsenical preparation was used in selected patients. In seven cases the malaria was preceded, in 1 case followed and in 3 cases preceded and followed by trypanamide injections. It is intended to study the comparative value of these methods, when sufficient data is available. One fact is, however, noteworthy that in the cases who had received arsenic prior to the malaria the first malarial inoculation had no effect and a second was necessary. Also the resulting fever was more erratic in type. Sixteen cases were treated during the year, and the results are summarized thus :—

Type.	Number of cases.	Remarks.
Early cases ... ..	2	Both discharged recovered.
Moderately advanced cases ...	8	One discharged recovered. Four showed distinct improvement. Three showed no change of note.
Advanced cases ... ..	6	Two showed distinct improvement. One showed no mental change. Three died.

It seems obvious that prognosis is much better in cases treated in the early stages of the disease.

(b) *Sulphur Therapy*. By Dr. IVOR A. EVANS and Dr. R. J. PHILLIPS.—This form of treatment has been carried out extensively in cases of early and advanced schizophrenia. The preparation used is Sulphosin Leo. "Control" groups of this type of patient are also under observation and a résumé of results is at present premature.

(c) *Hormone Therapy*. By Dr. IVOR A. EVANS.—Twelve female cases suffering amenorrhoea were treated by hormones of anterior pituitary and corpus luteum extracts. After 14 days Ovarian hormone was substituted for anterior pituitary. All the cases were under 30 years of age and the mental states after treatment were carefully noted. Menstruation was restored in 6 cases and of these 5 were discharged recovered, the other case was not improved. In 6 cases menstruation was not successfully restored and of these 4 showed no mental improvement whereas 1 improved and was discharged recovered and the other relieved of her symptoms. It is noted that mental improvement was more frequent in the cases in which the menstrual function was re-established.

(d) *Erysipelas*.—A preparation containing sterile filtrates of bacteria—"Anti-virin"—has been utilized in the treatment of 7 cases of facial erysipelas. It is applied in jelly form and proved so efficacious that in no case was it found necessary to resort to anti-streptococcal or erysipelas anti-toxin.

(e) *Post-encephalitic conditions*.—A drug which has proved of value in the treatment of post-encephalitic conditions was found to be genoscolamine in doses of 4 milligrammes daily.

(f) *Pernicious anaemia*. A case of considerable interest under Dr. Phillips' care was that of A.H.G., a miner, aged 27, who was admitted on February 21st, 1933, in a restless, confused, hallucinated and emotional state of mind. He remained quite unchanged mentally until October 1934, when he was noticed to be getting pale and listless. A diagnosis of pernicious anaemia was made and confirmed by blood examination. He was put to bed and treated on Armour's liquid liver extract (equivalent of  $\frac{1}{2}$  lb. fresh liver daily). Within a few weeks he began to improve both mentally and physically and after 2 months' treatment his mental state was normal. Physically he became quite robust and healthy in appearance. He was discharged recovered.

(g) *Occupational Therapy*.—Organised occupational therapy is being instituted, and the results carefully correlated.

## XXIX.—FROM THE GLOUCESTER COUNTY MENTAL HOSPITAL.

*Laboratory Report*.—Communicated by the Medical Superintendent.

The following pathological investigations were made during the year :—

Blood : Calcium, 8 ; complete count, 8 ; films, 2 ; Kahn, 111 ; urea, 8 ; Wassermann reaction, 208 ; Widal, 206. Butter-chemical, 1. C.S.F., 6. Faeces : bacteriological, 279 ; for tubercle bacilli, 1. Milk, total count B. coli and fat, 47. Pus, bacteriological, 1. Swabs : Eye bacteriological, 2 ; nasopharyngeal bacteriological, 9 ; throat bacteriological, 11 ; throat for K.L.B., 89. Sections microscopic, 2. Skin for ringworm, 1. Sputum for tubercle bacilli, 28. Urine chemical, 327. Vaginal discharge, bacteriological, 1. Water chemical and bacteriological, 4.

## XXX.—FROM THE HAMPSHIRE COUNTY MENTAL HOSPITAL, FAREHAM.

*Pathological Report*.—By Dr. J. L. JACKSON, Medical Superintendent.

The following is a summary of the examinations performed during the year :—

Routine examination of faeces for typhoid-dysentery, 666. Examination of faeces other than above for organisms, etc., 50. Examination of faeces for occult blood, 20. Urine : Microscopical, 44 ; sugar, blood, albumen, etc., 26. Blood :

Wassermann test, 50 ; cell counts, 15 ; Widal, 12 ; films, 20. C.S.F. : Wassermann, 12 ; Lange, 14 ; cell counts, 6 ; full general examination, 2. Throat swabs, 20. Sputa, 16. Examination of milk, 5. Animal inoculations, 6. Histological examinations, 5. Fractional test meals, 6. Post-mortem examinations, 32 (58 per cent. of deaths).

*Typhoid and Dysentery.*—The routine examination of every ward for typhoid and dysentery carriers continues. One new typhoid carrier (F.J.J.) a male, and one new B. Morgan No. 1 carrier (W.P.) a male, were found. No cases of typhoid have occurred.

*Diarrhoea.*—In January there was a small outbreak of diarrhoea on the male side and the organism of B. Schmitz was isolated from 3 cases. All cases recovered.

### XXXI.—FROM THE HAMPSHIRE COUNTY MENTAL HOSPITAL, PARK PREWETT, BASINGSTOKE.

*Pathological Report.*—By Dr. V. LINDLEY CONNOLLY, M.C., D.P.M.,  
Medical Superintendent.

#### *Laboratory Work.*

The following is a summary of the work carried out in the Pathological Laboratory during the year.

Urine : Routine examinations, 574 ; sugar estimations, 97 ; albumen estimations, 21 ; bacteriological examinations, 34 ; microscopic examinations, 25 ; for bile, blood, 16 ; for ketone bodies, 39. Blood : red and white cell counts, 39 ; differential cell counts, 28 ; haemoglobin estimations, 36 ; sugar estimations, 24 ; urea estimations, 9 ; sugar tolerance curve, 1 ; Van den Bergh reactions, 1 ; cultures, 3 ; malarial films, 3 ; agglutination tests, 341 ; Meinicke reactions, 210. C.S.F. : Complete (protein, globulin, Boltz, cell count), 18 ; colloidal gold reactions, 12 ; Meinicke reactions, 6. Bacteriological examinations : Pus and other pathological fluids, 13 ; throat swabs, 8 ; milk, 17 ; well, tap water, 7 ; sewage effluent, 1 ; vaginal discharge, 1 ; sputum, 43 ; faeces, 672. Faeces, for occult blood, 6. Histological sections, 5. Animal inoculations, 31. Autopsies, 20.

#### *Dysentery.*

There were three male and five female cases of dysentery during the year, and in four of these the B. dysenteriae Flexner Z was isolated from the faeces on either the first or second day of the disease. Investigation revealed one carrier in ward M.1. He had had dysentery in October 1933, and his faeces gave negative results on 16.1.34, 26.1.34, 2.2.34, 19.2.34, 9.3.34 and 3.4.34.

On 2.5.34 the bacillus was isolated. The possible presence of other such intermittent carriers may be the explanation of sporadic infections that continue to appear, and once more stresses the importance of frequently repeated examinations of all patients in the appropriate wards.

#### *Typhoid.*

One case of typhoid fever developed in a male patient of Villa 5. Blood culture was negative, but the bacillus was isolated from the faeces on the 32nd day of the disease. It was agglutinated up to 1/500 by specific serum and up to 1/750 by the patient's own serum. Subcultures of this organism remained virulent (1 c.c. of an eleventh broth subculture killed a guinea-pig within 36 hours), and suspensions of these were used to test other patients in the search for a carrier. All those who gave a positive micro Widal of 1/30 and confirmed macroscopically with the use of Oxford Standard suspensions, had four weekly examinations of their faeces and urine performed. One urinary carrier, whose blood gave a Reduced Titre of 25, was thus discovered.

*Milch Cows.*

Experience has again confirmed the necessity of frequently testing the milk for the presence of tubercle bacilli. In one case a positive test was noted one month before signs of udder disease could be observed.

On the other hand, in two cases which presented signs indicative of internal disease (confirmed on slaughter) and in which the udders were not involved, the milk test proved to be negative.

The aims of a tubercle free herd and tubercle free milk do not, therefore, necessarily coincide.

XXXII.—FROM THE HEREFORD COUNTY AND CITY MENTAL HOSPITAL,  
HEREFORD.

*Pathological and Clinical Report.*—By Dr. G. W. T. H. FLEMING, D.P.M.,  
Medical Superintendent.

During the twelve months ending December 31st, 1934, 2,694 examinations were made :—

Urine : Routine chemical and microscopical, 418 ; improved Benzidine test for blood (positive 29), 311 ; bacteriological, 85 ; urea concentration tests, 3 ; sugar estimations, 14. Faeces : Bacteriological, for enteric group, 343 ; chemical, 7. Blood : Wassermann (Birmingham University), 12 ; Meinicke M.K.R., 192 ; Widal tests, 246 ; cultures, 16 ; Schilling index, 250 ; polynuclear counts, 250 ; red and white cell counts, 45 ; haemoglobin estimations, 16 ; sugar estimations, 22 ; icterus index, 11 ; Van den Bergh, 15. C.S.F. : Meinicke, 36 ; gum mastic, 36 ; Lange, 36 ; Pandy, 36 ; Nonne Apelt, 36 ; protein estimations, 30 ; chlorides, 16 ; cell counts, 30. Bacteriological examinations : Water, 26 ; sewage, 5 ; throat swabs, 14 ; sputa and pus, 16 ; milk, 3. Bacterial antigen prepared, 150 c.c. Autogenous vaccines, 5. Absorption tests, 19. Specimens for Museum : Brain 21, heart 5, aorta 1, ovary 1, lung 2, foetal 1. Histological sections, 52. Reports were furnished on 16 specimens submitted from sources outside the hospital.

*Typhoid Carriers.*

The work which was started in 1932 on the detection and control of typhoid carriers has been continued. No further carriers were found during the year under review. The bacteriological findings from the patients segregated and under observation are summarized in the following table :—

TABLE I.—Typhoid Carriers.

Name.	Sex.	Age.	Admitted.	Bacteriology.				History.	Remarks.
				Organism and date first isolated.	Faeces.		Blood Widal.		
M.P.	F.	63	1886	B. typhosus 21.9.32	26	5	+1 in 80	Colitis 1907. Jaundiced at times.	Chronic carrier.
E.H.	F.	74	1900	B. typhosus 1.9.32	26	13	+1 in 160	Pyrexia 1930. Jaundiced at times.	Chronic carrier.
B.H.	F.	45	1908	B. typhosus 4.9.32	8	25	+1 in 50	Pyrexia 5 diarrhoea and vomiting 1913.	Chronic carrier.
R.T.	F.	86	1917	B. para. B. 6.6.32	37	11	+1 in 200		Chronic carrier.
M.S.	F.	55	1902	B. para B. 17.8.32	29	4	+1 in 100	Colitis 1907.	Chronic carrier.
C.W.	F.	32	1922	B. para B. 19.8.32	14	2	+1 in 320	Jaundiced at times.	Died 1933. Twelve gall stones found p.m. B. para B. isolated from gall bladder.
G.O.	F.	50	1908	B. para B. 3.11.32	19	5	+1 in 160	Pyrexia 5 vomiting 1917.	Chronic carrier.
F.M.	F.	35	1925	B. para B. 31.10.32	4	27	Negative		Chronic carrier.
C.W.2	F.	46	1909	B. para B. 15.11.32	22	3	+1 in 80		Chronic carrier
C.L.	M.	64	1893	B. para B. 22.2.33	23	3	+1 in 160 Intestinal Negative	Pyrexia and diarrhoea 1917. catarrh. Jaundiced at times. Jaundiced at times.	Chronic carrier.
G.T.	F.	43	1922	B. para B. 11.10.32	2	25 (22 consec.)			? Chronic carrier.
M.D.	F.	62	1909	B. para B. 1.11.32	3	34 (20 consec.)	+1 in 10		? Chronic carrier.
S.J.	F.	55	1911	B. para B. 30.10.32	1	26 (25 consec.)	+1 in 10		? Chronic carrier — very doubtful.

The number of typhoid carriers at the end of the year remains the same, i.e., 1 male carrier of paratyphoid B. and 3 female carriers of typhoid, and 7 female carriers of paratyphoid B. The majority of these patients are of degraded habits and the fact that faecal examinations often result in almost pure positive cultures being obtained from direct plating establishes them as a most potent and constant source of anxiety necessitating the utmost vigilance on the part of the staff entrusted with their care.

No cases of enteric fever occurred amongst the patients or nursing staff. A switchboard attendant died from typhoid fever in September. The origin of this infection was not traced. He had no contact with the known carriers, little contact with other patients and boarded outside the hospital. Bacteriological results from members of his household were negative. He was on annual leave during part of the possible incubation period.

Prophylactic inoculations of patients and staff have been carried out during the year. The vaccine, which was prepared in the laboratory from the Malton strain of *B. typhosus* and our own strain of *B. paratyphosus* B., contains 1,000 millions *B. typhosus* and 750 millions *B. paratyphosus* B. per c.cm.

### *Sewage Examination*

Further work on the bacteriology of sewage was undertaken. With reference to the use of brilliant green in Wilson and Blair's media and peptone salt water as a selective agent for the enteric group, it is advisable to test periodically dilutions made from a stock solution of this dye in peptone water using a mixture of *B. coli* and *B. typhosus* emulsions. The best results have been obtained in this laboratory with a stock solution of 0.5 per cent. brilliant green, 0.1 c.c. being used for every 100 c.c. of liquid medium and 0.25 c.c. per 100 c.c. of solid medium.

### *Water Examination.*

The water supplies have been subjected to standard bacteriological tests.

### *Dysentery.*

There were no cases of dysentery or severe diarrhoea. During routine examinations of dejecta various non lactose-fermenting organisms have been isolated and representative strains have been subcultured for preservation and further study. None of these are considered to be intestinal pathogens with the possible exception of the Morgan No. 1 bacillus, though in cases where this organism has been isolated from the faeces and a clinical picture suggestive of intestinal infection has existed failure to demonstrate antibody response in the blood has been a repeated experience. The strains were classified as follows :—

Morgan No. 1	...	...	...	...	...	5 patients
Morgan No. 7	...	...	...	...	...	2 „
Morgan No. 10	...	...	...	...	...	4 „
Morgan No. 14	...	...	...	...	...	5 „
Douglas and Colbrook No. 8	...	...	...	...	...	3 „
Morgan and Ledingham No. 14	...	...	...	...	...	1 patient.

### *Undulant Fever.*

E.D. Female. Member of staff. October 13th, 1934. Malaise. Temp. 100. Slight cough. Pyrexia of an undulating character with an evening maximum often accompanied by a rigor persisted for five weeks followed by an afebrile period of three weeks after which an evening rise of temperature was recorded for a further 23 days.

*Laboratory Results.*

October 20th, 1934.—Serum negative v *B. typhosus* and *Salmonella* suspensions. Blood culture negative.

October 23rd, 1934.—Faeces and urine negative.

October 24th, 1934.—Blood culture negative. Serum negative v enteric group. R.B.C. 3900000. Haemoglobin 73 per cent. W.B.C. 4,200 (neutrophils 53 per cent., lymphocytes 33 per cent., L. monos 14 per cent.). Schilling index 1.87 showing evidence of a definite infection.

October 26th, 1934.—Faeces and urine negative.

October 29th, 1934.—Faeces and urine negative.

November 6th, 1934.—Serum negative v enteric group. Positive 1 in 1,250 v *Br. abortus* K.25 (control sera negative). W.B.C. 7,000. Basophils 1 per cent. Neutrophils 25 per cent., lymphocytes 65 per cent., large monos 9 per cent.

Dr. W. M. Scott of the Ministry of Health kindly supplied the suspension of *B. abortus*.

The patient after the second febrile attack made an uninterrupted recovery.

*Urine.*

The improved test for blood in urine introduced by Ingham in 1932 was tried on 311 specimens and gave 29 positive results, confirming microscopical findings in 17 instances and in 12 indicating the presence of blood which was otherwise undetected. The modification of this test suggested by its author for the detection of occult blood in faeces was tried and found to be both delicate and specific.

*Presence of Syphilis amongst the Patients.*

The Meinicke macroscopical test (M.K.R.) continues to be used, positive sera being submitted for a Wassermann test elsewhere. Of 35 newly admitted male patients, 5, i.e., 14.3 per cent., were found to be positive (14.7 per cent. in 1933), and 4 positives, i.e., 8.9 per cent., were yielded from the sera of 45 female new admissions. Cases of neurosyphilis underwent treatment during the year. This has included the use of tryparsamide and pyrogenetic therapy. Frequent lumbar puncture in the majority of cases has enabled the slightest changes in cytology, colloidal reactions, etc., to be recorded. Five new cases of neurosyphilis were admitted including one female. The routine examination of the c.s.f. of new admissions has been instituted.

*Histology.*

Preparation from various organs has included sections from kidneys and livers of all cases coming to autopsy.

*Pathological Museum.*

The number of permanently mounted specimens has been increased.

### XXXIII.—FROM THE HERTFORDSHIRE COUNTY MENTAL HOSPITAL, ST. ALBANS.

*Laboratory Report.*—By Dr. W. J. T. KIMBER, D.P.M., Medical Superintendent, and Dr. A. MARGARET McGRATH, D.P.M., Pathologist.

The number of specimens examined from the hospital and from outside sources has continued to increase :—

	1931.	1932.	1933.	1934.
Herts County Mental Hospital ...	1,327	1,310	1,375	1,850
County Medical Officer of Health and other outside Authorities ...	1,079	1,955	2,740	3,068

Summary of work undertaken for the hospital during the year :—

Urines: Diastase, 1; t.b., 3; routine, 249; microscopy, 54; albumen only, 17; sugar per cent, 167; sugar test, 146; acetone only, 44; urea, 5; bile, 1; culture, 12. Blood: Full count, 59; w.b.c. and differential, 8; haemoglobin and r.b.c., 14; urea, 21; culture, 6; W.R., 294; Kahn, 134; bile, 3; malaria, 4; sugar single, 2; sugar curves, 3; Widal, 65; calcium, 6; sedimentation, 3. C.S.F.: Kahn, 4; W.R., 25; routine, 27; calcium, 1. Sputa: T.B., 31; other organisms, 4. Stools: Culture, 101; t.b., 50; blood, 23; microscopy, 2; worms, 3. Swabs: Throat for diph., 122; other organisms, 3; nasal for K.L.B., 8. Schick test, 34; K.L.B. virulence, 5; cervical, 1. Cultures: Tonsils, 2; Bleb, 1; pus, 2; lavage, 1. Sections, 7. Vaccines, 4. Milk: Bacteriology, 7. Water: Bacteriology, 4; chemistry, 2. Gastric test meal, 5. Vomit, for blood, 1. Pleural fluid, 1. Hairs, for ringworm, 1. Autopsies, 51 (77·3 per cent. of deaths).

Summary of work undertaken for Cell Barnes Mental Deficiency Colony during the year :—

Culture agglutination, 1; K.L.B. culture (animal inoculation), 15; blood Widal, 5; faeces culture agglutination, 4; microscopy of culture, 17; vaccine, 2. A total of 44 examinations.

Schick testing and immunisation of positives has been carried out during the year on sufficient nurses to enable a ward to be fully staffed with immune nurses in the case of a possible outbreak of diphtheria on the female side. The same tests are at present being completed on the male side. It has been found necessary to resort to the Moloney test before the use of T.A.M. The shortage of T.A.F. in the country has necessitated the use of T.A.M., but it is felt that the floccules are to be preferred in the immunisation of adults, especially now that the price is no longer prohibitive.

One K.L.B. carrier was found among the female patients. The first virulence test on this patient was positive. After tonsillectomy the K.L.B. persisted in almost pure culture, but after some weeks the virulence test became negative.

During the greater part of the year the Kahn test has been carried out in addition to the Wassermann reaction, but has not proved very helpful, since known positives under treatment gave negative Kahns while still being positive to the W.R., and in no case was a doubtful W.R. found to be a positive Kahn. It would not appear to be a sufficiently reliable test to substitute for the W.R.

During the summer and autumn a sporadic outbreak of paratyphoid B. occurred in one female ward involving some of the staff. The Widal reaction was done on all patients in this ward and positive results were found in eight of these routine examinations of patients who had not had symptoms. Stools were examined, and those of two healthy patients gave growths of para. B. on one occasion, but they did not eventually prove to be carriers.

One male patient developed agglutinations in his stool of 1 in 1,000 for Salmonella group, but for para. B. only up to 1 in 125, while in his blood the Widal gave para. B. up to 1 in 5000 but Salmonella group up to 1 in 1,000 only. No further positive stools could be obtained for continued work, and so this organism was sent to the Medical Research Council who returned it as a para. B. having both specific and group antigens.

One female patient died from the toxæmia caused by an unidentified organism of the Salmonella group.

Summary of work undertaken for the County Medical Officer of Health and other outside authorities :—

Urine: Routine, 3; microscopy, 37; microscopy and culture, 48; microscopy, culture and t.b., 18; t.b., 1; urea, 72; sugar per cent., 1; guinea pig inoculation, 1. Blood: Full count, 35; w.b.c. and differential, 7; haemoglobin and r.b.c., 12; complement fixation, 3; culture, 10; sugar (single), 5; sugar curves, 2; W.R., 60; Widal, 23; malaria, 1; N.P.N., 1. Pleural fluid: T.B. and culture organisms, 16; t.b., 1. C.S.F.: Routine, 19; W.R., 3; culture, 14; chlorides, 1. Pus 25. Swabs: Throat haemolytic streptococci, 129; nasal haemolytic streptococci, 11; cervical and vaginal, 37; cervical and vaginal smears, 23; eye swabs, 6. Hairs, ringworm, 7.

Sections, 12. Milk: Grade "A," 95; school milk, 100; bacteriology only, 12; certified, 3; pasteurised, 11; for abortus, 8; for t.b., 187. Animal inoculation, 11. Cows' blood for abortus, 8. Faeces: For t.b., 3; culture, 9; for blood, 1; microscopy, 3. Water: Bacteriology, 16; chemistry, 45. Sewage, chemistry, 3. Milk, human, 1. Viscera for organisms, 1. Soil, bacteriology, 2. Test meals, 3. Vaccines, 2. Sputa: For organisms, 3; for t.b., 1,084. Throat swabs for K.L.B., 692. Nasal swabs for K.L.B., 75. Ear swab, 2. Sputa percentage positive, 19.46 per cent.; K.L.B. percentage positive, 18.07 per cent; swabs for haemolytic streptococci, 27 per cent.; grade "A" and other milks, 67 per cent. conformed to standard; milk for school children, 55 per cent. conformed to grade "A" standard.

Two hundred cultures on throat and nasal swabs from local authorities were put up in duplicate on Loeffler's medium and tellurite. It is claimed for the latter that colonies of K.L.B. show up a dense black in 24 hours, while the growth of other organisms is inhibited. It was found that K.L.B. did not show characteristics differentiating it from other diphtheroids, and that in order to bring these back the colonies had to be sub-cultured on to Loeffler's medium again. Consequently, it was found that the tellurite medium was of the greatest use in wholesale swabbing in the case of epidemics, when all tellurite cultures which grew no black colonies could be discarded by macroscopical examination alone, thus saving much time. It was also found to be very useful in obtaining pure culture of K.L.B. from very mixed swab cultures for the performance of the virulence tests.

#### XXXIV.—FROM THE KENT COUNTY MENTAL HOSPITAL, CHARTHAM, CANTERBURY.

*Report on the Ear, Nose and Throat Department.* By Dr. T. A. CLARKE, F.R.C.S.Ed., D.L.O., Visiting Surgeon.

The clinical examination of the ear, nose and throat of all new admissions, and of selected other patients, has been continued during 1934. The incidence of abnormality has been found to be not very different from that previously reported (*Journ. Ment. Sc.* 1932). It still remains difficult to decide, in each patient, whether or not a discovered pathological feature should be treated, how energetic treatment should be, and when treatment, especially if operative, should be undertaken.

During the year I have made post-mortem examinations of the nasal sinuses in forty-three cases, and a considerable amount of abnormal histological material has been collected from them. The number of cases does not justify any report, but this work, with the clinical work, is being continued.

#### XXXV.—FROM THE LEICESTERSHIRE AND RUTLAND MENTAL HOSPITAL.

*General Report.*—By Dr. K. K. DRURY, M.C., Medical Superintendent.

*Routine Laboratory Work.*—During the year the following 1,822 routine examinations were made in the laboratory:—

Blood: counts, 22; cholesterol estimations, 173; Meinicke clarification tests, 104; micro-Meinicke tests, 42; sugar estimations, 18; Widal tests, 24; films for malaria parasites, 24. Faeces: Culture, 331; for t.b., 36; occult blood, worms, etc., 30. Urine: Routine examinations, 761; culture, 22. Sputum: For t.b., 38. Swabs, throat, etc., bacteriological, 47. Sections, for histological examination, 128. Miscellaneous: c.s.f., milk, vomit, etc., 22.

*Blood Cholesterol.*—During the year certain cases were investigated and the blood cholesterol estimated. Where this was found to be above

the average Thyroxin was given, and where low, cholesterol in olive oil, at first by injection and later by mouth, was given. Interesting and suggestive facts were found and the investigation is proceeding.

One case may be mentioned, a chronic maniac admitted in early 1930 was found to have a very low blood cholesterol count. He was a destructive, dirty, noisy, troublesome person, who damaged pounds worth of furniture and fittings yearly. Injections of cholesterol was given and his blood content has followed suit. His behaviour is now relatively good and he has ceased to smash and destroy, wears ordinary clothes and keeps them clean, and behaves in a fairly rational way. Though far from cured, this treatment appears to have saved the hospital many pounds expense.

Malarial and tryparsamide therapy is in use in suitable cases, and ultra-violet light is found a useful adjuvant.

### XXXVI.—FROM THE LINCOLNSHIRE COUNTY MENTAL HOSPITAL, BRACEBRIDGE.

*General Report.*—By Dr. J. MACARTHUR, D.P.M., Medical Superintendent.

#### A.—*Pathological and Bio-chemical.*

The following is a summary of the examinations carried out in the laboratory during the year :—

Urines: Routine, 397; sugar estimation, 9; urea concentration, 2. Blood: Total counts and films, 12; sugar estimation, 4; Van den Bergh, 1; urea estimation, 2; non-protein nitrogen, 2. C.S.F.: Colloidal gold reaction, protein estimation, etc., 16. Bacteriological: Faeces, 40; urines, 4; throat swabs, 1; pus, 5. Widal's, 295. Histological, 138 sections cut. Museum specimens mounted, 2.

#### B.—*Outbreak of Scarlet Fever.*

During the early part of the year we were visited by an epidemic of scarlet fever of mild form: 16 nurses and 26 patients contracted the disease, and one patient aged 71, developed broncho-pneumonia as a complication and died.

The epidemic was restricted entirely to the female side of the hospital, and was doubtless cut short by the immunization of large numbers of patients and all the members of the staff who showed a Dick positive reaction.

Weekly doses of prophylactic toxin were given and no one who had received the full immunizing dose contracted scarlet fever.

An article describing the main features of this epidemic and pointing out the value of Preventative Immunization was published in the *British Medical Journal* of January 5th, 1935.

C.—*Paratyphoid Fever.*—Sporadic cases, 6 in all, have occurred during the past year. The Widal reaction is applied to the blood of all new admissions as a routine, and systematic bacteriological examination of the excreta of post-typhoids and suspected carriers is proceeding.

Active paratyphoids, carriers and all suspects are now segregated in one ward.

#### D.—*Case of Pernicious Anaemia.*

H.P., a male, aged 54, was admitted on 27.11.1934 in a state of intense anaemia, associated with slight seizures. His blood picture was as follows. Red cells 1,168,000, haemoglobin 35 per cent. Color index 1.49. The film showed microcytes, megalocytes, poikilocytes and normoblasts, but practically no normal red cells.

He was given intra-muscular injections of Campalon (Bayer) 2 c.c. daily, and by the end of a fortnight the red cells numbered 2,512,000, haemo-

globin was 48 per cent. of the normal, and color index 0·895. Previously very confused with delusions of poisoning, by this time he was clear mentally.

Within a month of admission the number of red cells was within normal limits, haemoglobin 78 per cent., color index 0·728 ; he was clear mentally and capable of doing tolerably hard physical work.

Throughout, he has taken liberal quantities of lightly cooked liver by mouth.

#### *E.—X-Ray Plant.*

This has given good service throughout the year, and has been in almost daily use. Number of negatives exposed 249.

### XXXVII.—FROM THE KESTIVEN AND SOKE OF PETERBOROUGH MENTAL HOSPITAL, RAUCEBY, SLEAFORD.

*Laboratory Report.*—Communicated by the Medical Superintendent.

The following is a summary of the routine laboratory investigations made during the year :—

C.S.F. : Wassermann, Lange, cells and protein, 15. Blood : Wassermann, 66 ; Widai, 12 ; malarial films, 16 ; sugar, 5 ; counts, 8 ; Kahn, 6. Bacteriological : Faeces, 2 ; sputum, 2 ; swabs, 6 ; urine, 1. Tissues, histological, 9. Urines : general, 652 ; microscopic, 11. Post-mortem examinations, 20 (58·8 per cent. of deaths).

### XXXVIII.—FROM THE MIDDLESEX COUNTY MENTAL HOSPITAL, NAPSBURY.

*General Report.*—Communicated by Dr. A. O'NEILL, O.B.E., Medical Superintendent.

#### *Pathological Department.*

During the last year the scope of this Department has been widened and there has been an increase in the number of investigations carried out.

#### *Routine Investigation.*

The following routine examinations were made :—

Blood counts : Complete, 39 ; simple, 7 ; Haemoglobin, estimation only, 15 ; white counts only, 6 ; Schilling haemograms, 2 ; Arneth counts, 3 ; reticulocytes, 13 ; platelets, 1 ; bleeding time, 1 ; blood grouping, 1 ; coagulation time, 1 ; sedimentation rate, 3 ; fragility of reds, 2 ; and volume index, 3 ; chlorides, 1 ; sugars, 6 ; urea, 14 ; Fouchet, 5 ; Van den Bergh, 5 ; and Meulengracht's icterus index, 5. Cerebro-spinal fluid : Routine examination (cell count, total protein by method of Mestrazat, Nonne Apelt, Pandy, Lange, Wassermann and Meinicke reactions), 86. Examination of urines : Routine, 1,002 ; acetone, 62 ; diastase, 3 ; urea, 6 ; urobilin, 6 ; urea concentration test, 4. Examination of stools : Routine, 29 ; occult blood, 12. Examination of effusions, etc. : Routine, 10. Bacteriological examinations : Cultures—blood, 2 ; stools, 149 ; urine, 41 ; miscellaneous, 7 ; throat swabs, 50. Identification of tubercle bacilli : Effusions, 4 ; sputum, 67 ; stools, 41 ; and urine, 4. Serological examination : Widal's, 30 ; Wassermann's, 454 ; Meinicke's, 30. Miscellaneous examinations : Biopsies, 3 ; virulence test, 1 ; fractional test meals, 8. Post-mortems : Post-mortems were performed in 108 cases (92 per cent. of the deaths). Microscopical sections were prepared, examined and reported on in 343 blocks. The majority of the brains were fixed prior to examination, and detailed examinations of these, including microscopic preparations and reports, were made in 12 cases.

#### *Agennesia Cerebri.*

An interesting example of this condition was seen in a male aged 33, an idiot with epilepsy, who died of lobar pneumonia. The brain weighed only 1,200 grammes, the left side being markedly "shrivelled" in prac-

tically the whole of the frontal lobe except for the posterior ends of the upper, and, to a less extent, the middle, frontal convolutions. The area was well demarcated from the more normal brain substance. Another area of shrivelling occupied practically the whole of the parietal lobe, except for its posteroinferior part, the motor and sensory cortex on that side having practically escaped. This second area of marked, but rather less degree of shrivelling than the former, occupied a somewhat irregular area above the Sylvian fissure in the angular region and in an exaggerated notch between the occipital and parietal lobes. The middle and inferior temporosphenoidal gyri were affected in their posterior two-thirds. The upper temporal convolution had escaped at its posterior extremity, the temporal pole being withered at its tip. The uncus and gyrus hippocampi were markedly affected, the uncus on the right side being, perhaps, rather larger than normal. The dura mater was thickened over the whole of the left hemisphere and it included a calcified plaque situate over the parietal lobe and partly over the motor and sensory cortex—the plaque had the feel and consistency of foetal bone, and measured 60 mm. horizontally and 75 mm. anteroposteriorly. On the inner surface of this dural plaque was a localized excrescence over the centre of the area near the longitudinal fissure, which had escaped. The vessels at the base of the brain were regular in size and distribution and they showed no naked eye evidence of disease.

A horizontal section made through the brain at the level of the lateral ventricles showed the discrepancy in size between the two hemispheres; the maximum length of the right was 17.2 cm., whilst the left measured only 15 cm. The right was 7 cm. at its maximum diameter, but the left only measured 5.75 cm. The right hemisphere, in section, appeared normal in all respects, but the left was seen to be withered more or less equally in all parts. The left lateral ventricle was greatly distended. The pons, medulla, oblongata and cerebellum showed no naked eye abnormality.

#### *Carcinoma.*

There were 8 deaths due to this cause. In 2 of these the mental symptoms were possibly associated with the disease.

In one, a female aged 66, melancholia developed 3 years before admission. An extensive annular carcinoma of extremely chronic appearance was found in the caecum. It would seem quite possible for this early growth to coincide with the first mental symptoms.

In another, symptoms of melancholia antedated some months; death due to an extensive carcinoma of the stomach, involving the pancreas.

Of the remaining cases, one was a male aged 65 with a squamous celled carcinoma of the pharynx with a small metastatic nodule at the base of the right lung. The incidence of the remaining cases was as follows: stomach 1, caecum 1, cervix uteri 1, pancreas 2.

#### *Cerebral Haemorrhage.*

A gross haemorrhage was found in 4 cases.

#### *Epilepsy.*

Of nine cases of "Idiopathic epilepsy" which came to post-mortem, an obvious cause of death was found in eight. In the other, sudden death occurred at the age of 24. An acute fatty change was found in the liver.

#### *Cerebral Tumours.*

Two cases were found at autopsy. One a meningioma (meningial fibroblastoma) of the falx cerebri, in a man aged 30 an epileptic, who, had no localizing symptoms. He died of lobar pneumonia.

The other was a small adenoma of the pituitary in a woman aged 71, certified melancholia. It is interesting to note that the cause of death, in this case, was a mesenteric thrombosis.

#### *Enteric Carriers.*

The stools and blood of these patients, five in all, were carefully examined for evidence of active carrier state.

One was found to be an active typhoid carrier in urine and stools, the illness having occurred 10 years ago; another was an active urinary carrier of typhoid, the illness also having occurred 10 years ago. The other patients were negative for nonlactose fermenting organisms, except for one who constantly gave a prolific yield of an organism closely resembling the bacillus pseudoasiaticus of Castellani.

#### *Encephalomalacia.*

One case was found in a male aged 65, almost entirely confined to the right side of the brain. It commenced in the sub-cortical area and extended down to the level of the pineal gland. The area included the posterior part of the caudate nucleus, the whole of the optic thalamus and internal capsule. Anteriorly it reached to the anterior horn of the lateral ventricle, laterally to include the white matter of the Island of Reil, and posteriorly to the posterior horn of the lateral ventricle and the adjacent white matter lying as far out as the white matter of the occipital pole.

The aorta and great vessels were entirely free of disease except for calcification of the aortic ring. Cerebral vessels, however, showed extensive atheroma.

#### *General Paralysis.*

Post-mortems were performed in 12 cases, in each of which macroscopic changes were obvious as soon as the brain was removed from the cranium.

Ependymal granulations, particularly in the fourth ventricle, occurred in all cases and, although by no means pathognomonic of this condition, they were not found in any other conditions during the year. Interesting collateral evidence of syphilis was found in several cases. Perilobular cirrhosis of the liver was found in 2, gumma of the liver in one, and that unusual condition, syphilis of the lungs, in another.

Numerous pedunculated tumours were found in the smaller intestines of one patient, which proved on section to be fibro-adenomata of the bowel, actively growing, with areas suggesting the possibility of early malignant change.

Another patient, a female aged 47, whose brain weighed only 1,120 grammes, presented an interesting necrotic mass in the line of the left lenticular nucleus, approximately 3 cm. in length and extending to the anterior horn of the lateral ventricle. It was sharply demarcated by the external capsule which itself was not involved. It measured 13 mm. at its broadest point where it extended into the internal capsule just anterior to the genu. On microscopic examination it was seen to consist of a small absorbing linear haemorrhage with a moderate amount of glial reaction, suggesting that the haemorrhage, although recent, was probably of some days' duration, and had ceased before death. The cause of death was an intercurrent infection.

#### *Heart Disease.*

The series included one case of infarction of the myocardium due to left coronary artery occlusion; two cases of mitral stenosis and one case of syphilitic aortic incompetence with aortitis.

*Pellagra.*

A female patient aged 41, a case of mania, developed secondary pellagra five weeks before death. She responded well to treatment, and before she died on January 6th, her skin condition had practically healed. The cause of death was lobar pneumonia.

At post-mortem, no macroscopic change was to be seen in the brain or cord. On microscopic examination, however, slight changes, consistent with pellagra, but by no means pathognomonic, were found in the cord. The ganglion cells were swollen and only a few showed a nucleus as such: when present it was often displaced from the centre of the cell. Some cells showed a central chromatolysis with splitting up of the Nissl bodies, and a distribution of the fragments towards the periphery. The pia and vessels were not noticeably thickened, but there was one area strictly in relation to the central canal, of what appeared to be marked ependymal reaction, but which may have been partly caused through compression of the ependyma during the process of cutting of the section. During life she had no signs of cord involvement.

*Puerperal Insanity.*

Blood counts have been carried out immediately on admission, but not one presented a haemoglobin below 85 per cent. Although only 8 cases have been investigated in the year, the findings confirm the opinion of other investigators, namely, that a secondary anaemia would not seem to be an aetiological factor in this condition.

*Tuberculosis.*

Twenty-four patients died of tuberculosis, 1 renal, the other 23 pulmonary. Of these latter, the lesions were extensive in the lungs, except in one case, where apparently healing lesions were associated with a haemorrhage into the right suprarenal gland in a male aged 55, an idiot with epilepsy. Death was sudden and was not preceded by symptoms. Microscopical examination of an outlying portion of the haemorrhage showed an acute arterial hyperaemia with extravasation of red blood corpuscles. Of the remaining 22 cases, showing extensive pulmonary lesions, involvement of the small intestine was found in 8 cases, of the mesentery 3, liver 2, kidney 2, caecum 1. No tubercles were found in the meninges or in the larynx in any case. Of the 24 deaths, 11 were males, ranging from 24 to 64, with an average age of 49; of the 13 females, the youngest was 28 and the eldest 65, with an average of 42 years.

*Research.*

Research, which has been proceeding for some years, will shortly be published on the aetiology, mechanism, and pathology of acrocyanosis. It indicates the cause to be a local medial hypertrophy.

Investigations on the mechanism of herpes zoster are proceeding and appears to show that in this disease an infection passes peripherally down the sensory nerves to the skin.

The treatment of general paralysis of the insane with intravenous T.A.B. is being continued.

XXXIX.—FROM THE MIDDLESEX COUNTY MENTAL HOSPITAL, SHENLEY.

*General Report.*—Communicated by Dr. G. W. SHORE, O.B.E., D.P.M.,  
Medical Superintendent,

*Report of the Pathological Laboratory.*

This department was opened in April 1934.

Routine work has been performed as follows :—

Blood : Complete counts, 13 ; simple counts, 6 ; white count only, 2 ; reticuloocytes, 3 ; Schilling haemogram, 5 ; Arneth counts, 4 ; volume index, 2 ; chloride, 2 ; cholesterol, 5 ; phosphorus, 1 ; sugar, 16 ; urea, 22 ; diastase, 1. Cerebro-spinal fluids : Routine (cell count, total protein by method of Mestrazat, Nonne-Apelt, Pandy, Lange, Wassermann and Meinicke reactions), 28 ; chlorides, 3 ; sugar, 4 ; urica, 2. Urines : Routine, 285 ; acetones, 52 ; urea, 13 ; urobilin, 62 ; quantitative estimation of sugar, 31 ; urea concentration test, 2. Stools : Routine, 17 ; occult blood, 1. Fractional test meals : 1. Bacteriological examinations : Blood, 1 ; stools, 59 ; urine, 26 ; miscellaneous, 2 ; throat swabs, 2 ; identification of tubercle bacilli-sputa, 10 ; stools, 3 ; urine, 2. Serological examinations : Wassermann, 341 ; Meinicke, 265. Biological examinations : Ascheim Zondeks, 2 ; Schultz Charlton, 1. Miscellaneous : Biopsies, 2. Post-mortems have been performed in 34 cases.

*Berry Aneurysm.*—A female patient aged 35 was admitted on October 12th, 1934, certified as melancholia. She was resistive on examination with irregular fever, rapid pulse, sweats and transient hemiplegia. The pupils were normal, transient glycosuria and albuminuria were present. She died on November 17th, 1934, the post-mortem finding being haemorrhage from a congenital aneurysm in the Circle of Willis.

*Epilepsy.*—A female, aged 17, died in status epilepticus. At the post-mortem the only finding was an acute fatty change in the liver.

*General Paralysis.*—The only case which has so far come to autopsy had a cerebral porosis. In addition, she had collateral evidence of syphilis in the form of a perilobular cirrhosis of the liver and bulbous aortitis.

*Lobar Pneumonia with Jaundice.*—An interesting example of toxic jaundice occurring on the fifth day of lobar pneumonia, was seen in a male aged 58.

*Septic Endocarditis.*—A female aged 69 was admitted on June 11th, 1934, certified as recent mania. On admission she had a suppurative condition of her right parotid gland, together with bronchitis and pyrexia. She died on July 31st, 1934, and at the post-mortem a mural endocarditis was found on the left ventricle with numerous infarcts in the spleen and kidneys. No lesions were found in the brain, although, just two days before death she had a transient left hemiparesis.

*Tuberculosis.*—Four cases of pulmonary tuberculosis have been to autopsy. Of these four, one had lesions in the bowels, parietal pleura, kidney and liver ; one in the bowel and larynx, and another in the right knee and left twelfth rib.

*Clinical Research.*

*Prolonged Narcosis.*—Ten cases have been treated by intra-muscular injections of somnifaine. Glucose and insulin were given as a routine procedure. In three cases the treatment was stopped on account of pyrexia. One pyrexial case complained of great pain at the site of injection, though there were no visible signs of infection.

No complete recoveries were noted, but some improvement occurred in half the number treated. Apart from the cases showing a rise in temperature, there occurred no alarming symptoms ; no cases had acetone in the urine at any time.

*Non-Specific Protein Therapy.*—During the past six months over 12 cases have been given courses of Pyrifer intravenously. Of these, five were cases of G.P.I. The general results have been encouraging, if not dramatic. Two females improved, and one, a voluntary patient, left hospital greatly improved ; one male showed fair improvement. The results in non-syphilitic cases were less encouraging on the whole, and no complete recoveries have occurred.

It would appear that Pyrifer, though safer in use, is not as effective as T.A.B.

## XL.—FROM THE NORFOLK COUNTY MENTAL HOSPITAL.

*General Report.*—By Dr. O. G. CONNELL, M.C., Medical Superintendent.

A.—*Pathological and Biochemical.*

Summary of examinations :—

Blood : Kahn test for syphilis, 110 ; serum-agglutinations (T.A.B., etc.), 3 ; auto-agglutination, 46 ; sedimentation, 25 ; counts, 35 ; cultures for T.B., 101 ; bromides, 83 ; sugar, 2 ; urea, 3 ; Van den Bergh, 5. C.S.F. : Kahn, 30 ; colloidal gold, 32 ; reduction index, 5 ; globulin, 92 ; sugar, 3 ; urea, 3 ; bromides, 3 ; cytological, 13 ; cultures for T.B., 115. Urine : Routine examinations, 188 ; microscopical, 104 ; sugar estimations, 3 ; urea, 3 ; tests for bile, 4 ; tests for ketones, 236 ; culture, 7 ; throat swabs for diphtheria, 22 ; sputa, 3 ; vaccines prepared, 2 ; pus, microscopical examination, 13 ; cultural examined, 3. Faeces : For T.B., 25 ; other microscopical examinations, 12 ; cultures, 9 ; tests for occult blood, 5. Miscellaneous fluids : microscopical, 5 ; cultures, 3 ; stomach washings, for T.B., 2.

The presence of tubercle bacilli in the blood and c.s.f. in cases of dementia praecox has been investigated by the method of Lowenstein. Twenty-five patients have been examined each three times, but results have been entirely negative.

B.—*Clinical.*

*Bromide Content of the Blood.*—The method employed was the colorimetric as described by H. Tod (*Jn. of Mental Science*. April 1933). This has been carried out on all male admissions. The figures obtained show considerable variation without any definite relationship to the type of case, but surprisingly high results have been found in senile cases with signs of recent cerebral thrombosis accompanied by confusion. In a series of epileptic patients on stock bromide mixture considerable variations were also found without any apparent relationship to the frequency of fits, the dose of bromide being the same in every case. On the whole figures were higher than normal, but seldom reaching a level such as would indicate bromide intoxication. The routine estimation would appear to be of value in cases where prolonged treatment with bromides is undertaken.

The *Auto-agglutination Test*, as described by P. Neuda ("Pathology and Therapy of Thrombosis," *Ars Medici*. July 1934), has been carried out in a variety of cases. A positive result is claimed to indicate syphilis, carcinoma or thrombosis and its use is advised by the writer for the purpose of preventing thrombosis in those cases which give a positive reaction. Treatment with Campolon is said to alter blood condition which leads to thrombosis and bring about a reversal of a positive test. Experience with this test in forty cases shows that a positive result is not confined to the groups mentioned. Of eleven cases of cerebral thrombosis seven were positive. Daily injections of Campolon 2 c.c. for twelve to twenty-four days resulted in a change of reaction in one case, but without clinical improvement in any.

*Treatment of General Paralysis with Dmelcos Vaccine, Tryparsamide and Campolon.* Four cases, all voluntary patients, have undergone this treatment. One case of tabo-paresis shows marked improvement with return of the Kahn reaction in the blood and c.s.f. to normal and slight alteration of the colloidal gold reaction ; two cases remain stationary with no alteration of the Kahn reaction, but improvement in the colloidal gold reaction ; one patient was transferred immediately on conclusion of treatment, without change in the Kahn reaction but marked improvement in the colloidal gold curve.

*Treatment of Dementia Praecox.*—Autohaemotherapy was employed in five recent cases diagnosed as dementia praecox. Two of these, both

cases with unfavourable features, one paranoid, the other hebephrenic, have since been discharged much improved.

Dmelcos pyrexia in three recent cases of dementia praecox produced no apparent benefit.

Treatment by sulphur and chinosol injections in six confirmed cases of dementia praecox, all of several years' duration, was without effect.

*Melancholia*.—Photodyn injections in two cases of melancholia, one chronic, the other recurrent, have brought about no improvement.

*Epilepsy*.—Campolon injections, 6 cc. twice weekly for six weeks, were administered to three cases of epilepsy, but no reduction in the number of fits was obtained.

## XLI.—FROM THE NOTTINGHAM COUNTY MENTAL HOSPITAL, RADCLIFFE-ON-TRENT.

*General Report*.—By Dr. H. C. WALDO, Medical Superintendent.

*Routine Laboratory Work*.—The following routine laboratory examinations were made during the year :—

Examinations of sputa for bacillus tuberculosis, 47 ; special examinations of urines other than routine, 87 ; examination of swabs, 50 ; blood counts, 14 ; gastric analyses, 2 ; C.S.F., 6 ; Meinicke clarification test on blood, 38 ; blood sedimentation tests, 16.

The scope of the Laboratory is being gradually extended under the direction of Dr. H. A. Palmer, and he has trained a male nurse as Laboratory Assistant.

*Pyrifer Therapy in General Paralysis and Dementia Praecox*.—Five cases of general paralysis have been treated by means of Pyrifer, with the result that 3 of these became well enough to be discharged and the remaining two show considerable improvement.

Seven cases of dementia praecox have also been treated with Pyrifer, but the results in this type of insanity have been disappointing.

We consider that Pyrifer has the following advantages, as compared with malaria :—

1. Both time and height of pyrexia can be chosen.
2. The treatment can be interrupted and recommenced with facility.
3. Whereas tryparsamide checks inoculation malaria, it can be given simultaneously with Pyrifer ; in fact, the action of the tryparsamide is enhanced.
4. More elderly and debilitated patients can be treated by a suitably graded dose, in whom inoculation by malaria would constitute a danger.

## XLII.—FROM THE OXFORD COUNTY AND CITY MENTAL HOSPITAL.

*General Report*.—By Dr. T. S. GOOD, O.B.E., Medical Superintendent.

### A.—*Routine Laboratory Work*.

The routine laboratory work for the year is as follows :—

Urine, 1,497 ; blood, 226 ; C.s.f., 77 ; faeces, 26 ; microscopical sections, 324 ; post-mortem examinations, 34 (77 per cent. of deaths).

### B.—*Research*.

*Blood-serum in General Paralysis*.—The behaviour of glycolytic and diastatic ferment in the blood-serum of cases of general paralysis before, during and after malarial treatment under varied experimental conditions is in course of investigation. The results will be communicated when the

number of cases examined permits of a statistical comparison with serums of other psychoses and normal blood-serum.

*Encephalitis lethargica*.—Changes of the sugar tolerance curve in a case of chronic encephalitis lethargica under iodine medication have been studied. The level of the fasting sugar appears diminished and the shape of the curve altered.

Microscopic examination of brain-sections of some confusional cases, particularly such with a previous history of influenza, showed features strongly reminiscent of encephalitis lethargica as distinct from influenzal encephalitis. Acute cases of sporadic encephalitis lethargica did not come under our observation.

*Phenyl-peruvic acid in blood*.—A quantitative estimation of phenyl-peruvic acid was made in thirty different cases, including a few low-grade feeble-minded patients and idiots. The values obtained as compared with the estimations on normal people did not prove very suggestive. Nevertheless, it is intended to continue this investigation as it appeared that catatonic cases showed a slight increase above the average obtained. The highest value was that of a case of senile dementia.

#### XLIII.—FROM THE SHROPSHIRE COUNTY MENTAL HOSPITAL.

*Phage-Lysed-Cultures in the Treatment of Dysentery (Flexner) and Para. B. Carriers*.—By Dr. J. Hugoe Matthews, Pathologist.

The following is an account of a method of treatment for the carrier state in Flexner dysentery and Para. B. infections. As many points remain as yet uninvestigated and as an insufficient number of cases have been treated, this report is to be regarded as being purely of an interim nature; no conclusive results are as yet claimed.

The Medical Superintendent kindly permitted me to develop the technique in relation to carrier cases by utilizing the clinical material here. Work on acute cases was done outside the institution, and as the results are not of the same interest here as the results on carrier cases, the former have been omitted from this report.

The cases actually investigated were known carriers of paratyphoid B. and Flexner dysentery infections. They had received vaccine treatment without any effect on their carrier state. Their stools were found to be very unproductive of 'phage. They had been under bacteriological notice for three years and could be always relied upon to give positive McConkey plates.

The *in vitro* action of bacteriophage is well known to all. This highly potent activity, however much it may hold out in the way of alluring prospects to the cure of intestinal diseases, seems to be completely useless under *in vivo* conditions except in the case of cholera.

*Origin of the present Work*.—The origin of the investigation lay in the failure of a certain proprietary brand of 'phage to have any influence on some dysentery carriers.

In the bacteriological examination of stools the anomalous state of affairs is often seen in which bacteria and 'phage capable of *in vitro* lysis of them are found side by side in the same fragment of material. It is equally true that as dysentery cases recover, 'phages can be isolated in increasing amounts from the stools.

There is clearly some resistant mechanism at work inhibiting the action of the 'phage in natural infections, as under *in vitro* conditions lysis will occur. Various explanations may be put forward :—

- (i) The production of 'phage resisting variants, e.g., mucoid types.
- (ii) The production of the rough-smooth, or smooth-rough change enabling some organisms to survive.
- (iii) The production of a 'phage inhibiting antibody (Burnet 1934) or an antiphage.

Much work is being done on these lines and no doubt the solution of the difference between *in vitro* and *in vivo* activity of 'phage will be arrived at.

While experimenting with the use of a pure 'phage of proprietary origin, two cases of infantile diarrhoea made dramatic recoveries from a condition so grave that I had warned the parents that recovery was impossible. A reasonable explanation which seemed to account for the success in these two cases is as follows: Recent work indicates the high degree of specificity of 'phage, and it was thought that herein lay the reason for the success of the treatment in these two cases. The strain of 'phage was thought to be by chance the right strain to produce the necessary effect in the patient's intestine. The obvious step forward was to treat cases by means of a 'phage prepared from the patients' own material.

The technique of Burnet and McKie (1930) was used and four cases of dysentery carriers were treated, and two cases of infantile diarrhoea were treated with "pure" 'phages so prepared. These 'phages were active *in vitro*, but no clinical effect was discernible in the patients or bacteriological effect in the stools. Apparently then, there was no particular advantage in using the "autogenous" 'phages, the obvious step suggested above was of no avail.

However, the use of pure 'phage was continued experimentally and some carrier cases definitely began to show signs of "cure." Dr. Andrews, of the Medical Research Laboratories, Hampstead, a confirmed sceptic in the question of pure 'phage therapy, hinted in a personal communication that these cases which did improve might owe the improvement to an impurity in the 'phage, perhaps some products of bacterial lysis.

Accordingly, work was done using a product for oral administration made by lysing an autogenous culture with a 'phage prepared by the above technique. The product has been termed 'phage-lysed culture (P.L.C.) and contains lysed autogenous bacteria, excess of 'phage and any resistant organisms killed by subsequent sterilization at 57° C. on successive days.

Each patient's organisms were obtained in pure culture and 'phages made by the above technique. When this 'phage was proved to be active it was regarded as satisfactory, and P.L.C. was made as described below. The various P.L.C. products were then pooled and administered in 4 c.c. doses daily in "polyvalent" form.

*Controls.*—With such a small number, controls are impossible except in a general sense. When P.L.C. treatment produces results not obtained by other methods the results can justifiably be attributed to the new treatment. It has not been proved, of course, that the improvement was not spontaneous, or even did not take place in spite of such treatment. With larger numbers adequate controls will be made.

#### *Preparation of P.L.C.*

1. The patients' faeces are cultured through Brilliant Green on to McConkey's plates, and the organisms isolated in pure culture. If any rough looking colonies are found they are noted.

2. Two broth cultures (a) and (b) are put up of the pure colonies adding any rough ones isolated or suspected. It is not attempted as yet to verify suspected roughness, this is left for a later stage in the work.

3. Using the technique above, pigs' faeces are inoculated on to the broth (a) culture, and incubated again.

4. When 'phage has been demonstrated by plaque formation on plate culture, the culture (a) is filtered first through an L1 and later an L3 filter.

5. The active filtrate so obtained is mixed in excess with the culture in flask (1) and incubated for 18 hours.

6. The P.L.C. mixture is then subjected to fractional sterilization at 57° C., a few degrees below the temperature at which 'phage is inactivated.

*Standards.*—No standards have yet been finally chosen for the strength of the culture (b) or the relative dose of filtrate. This point is still being

worked upon, the optimum not having yet been found ; all that is aimed at now is to be sure of a plentiful excess of 'phage in the P.L.C.

*Dosage.*—P.L.C. is very unpleasant, by no means what the pharmacists would term elegant. The writer has arbitrarily chosen a 4 c.c. dose as a result of trying the material himself. The full range of dosage has not been explored. Children from a few weeks old take 1 c.c. well.

*Points requiring Further Work.*—These, unfortunately, are multitudinous ; a few of the more important ones are indicated as follows :—

(i) On PH of intestinal contents before, during, and after P.L.C. therapy.  
 (ii) On usefulness of non-autogenous material.  
 (iii) On method of blocking the action of "anti-phage" ; does the admixture of lysed products accomplish this ?

(iv) On investigation of a long series of unselected parallel cases to enable adequate controls to be made.

(v) On existence of strains resistant to 'phage, and the survey of their frequency.

(vi) On fate of the P.L.C. during treatment in all its stages, and its survival after being attacked by gastro-intestinal juices.

*Clinical results to date.*—The female patients began treatment several months after the males, and so have not had very much time in which to show permanent results. To date, all female cases are negative, though two relapses occurred early in the course.

The males have had three courses of P.L.C. Some cases of the series of eight have returned negative plates since the first course, others had one or two "relapses" to positive plates. At the moment no male patient is giving positive plates.

#### *Conclusion.*

As this is definitely an interim report, figures and details have been avoided deliberately. There is, however, an undoubted indication that further research on the subject is likely to prove well worth while. Much remains to be done, many problems require investigating before any conclusive results can be obtained, and these, I hope, will, in the future, receive due attention.

#### XLIV.—FROM THE STAFFORD COUNTY MENTAL HOSPITAL, STAFFORD.

*General Report.*—By Dr. B. H. SHAW, Medical Superintendent.

#### *Albuminuria in cases of mental disorder.*

It is a matter of common observation how seldom a really healthy kidney is found in post-mortems here, and relative to this, of the 242 direct admissions during the past year, in 109 albumen was present in the urine in varying degrees, that is in 45 per cent., and in roughly 70 per cent. of these the condition was more or less persistent—that is recurring.

The following table of total direct admissions, arranged in 10-year periods according to age, shows also the corresponding numbers in each period of those suffering from albuminuria.

Age.					Total direct Admissions.	Albumin present in.
15-24	...	...	...	...	28	15
25-34	...	...	...	...	39	13
35-44	...	...	...	...	44	18
45-54	...	...	...	...	45	23
55-64	...	...	...	...	54	24
65-74	...	...	...	...	23	11
75 and over	...	...	...	...	9	5
					242	109

It will be noted from this table that the albuminuric condition is distributed fairly evenly as regards relative incidence throughout the different age periods.

No pathologist who has had much experience of post-mortems in cases of death in healthy subjects, such as obtained during the war, could fail to be impressed by contrast with the marked differences exhibited by the liver, kidneys and supra-renal glands as seen in post-mortems in mental hospitals when compared with such organs in a state of health. The almost constant fatty and exhausted livers one sees are indisputable evidence of strain and failure in detoxication with resulting effects on other tissues, and in relation to this is without doubt the frequency with which albuminuria is found in fresh admissions.

*The Cholesterol content of the Blood in certain states of Mental Disorder.*

Investigation has been continued into the blood cholesterol content in various mental states, careful quantitative estimations being made of free and combined cholesterol in both corpuscles and plasma. A point of some interest appears to emerge, namely that apart from clinical classification the percentage of cholesterol ester in plasma to total blood cholesterol seems to have a bearing on prognosis—if under 20 per cent. the outlook is definitely unfavourable—normally 60 per cent. of total cholesterol is said to be in the form of ester—our findings here differ very considerably from this, most figures are under 45 and findings in the 30 per cent. are quite usual. A further point of some interest has been noted, namely that apart from other considerations colorimetric methods give results which are definitely lower than gravimetric estimations and, consequently, the actual blood cholesterol content is higher than when reliance is placed on colorimetric estimations.

Certain statements made in medical literature to the effect that cholesterol only exists in the free state in erythrocytes (which we have proved to be the case in ox blood) are not borne out by our investigations on patients here which show that quite large amounts of ester cholesterol are present.\*

There appears to be a certain reciprocity between the cellular partition of cholesterol and that obtaining in the plasma, and the lessened content of combined cholesterol present in certain cases of mental disorder may very possibly be due to enzyme imbalance. Having in view the fact that there would appear to be a direct relation between cholesterol ester content and degree of immunity, the significance of a low ester content in many persons suffering from certain forms of mental disorder is of interest in view of their general lack of immunity, especially evident in relation to tuberculosis.

*Routine Laboratory Work.*

In addition to the numerous reactions undertaken in special investigations during 1934, the following routine work has been carried out:—

Wassermann tests, 203 ; gold colloid tests, 50 ; paraffin colloid tests, 18 ; cholesterol colloid tests, 170 ; blood cholesterol estimations, 33 ; haematocryte readings, 5 ; blood sugar estimations, 3 ; 24-hour samples of urine, 3 ; sugar estimation in urine, 165 ; alkaloid estimations, 7 ; urine tests, 5,195 ; microscopic examinations of urinary sediments, 574 ; pathological sections, 42 ; microscopic examinations of sputums for T.B., 30 ; microscopic examinations of faeces for T.B., 19 ; various cultures, 21 ; blood counts, etc., 75.

\* NOTE.—Further investigation has shewn that the apparent presence of ester in erythrocytes may be due to leakage in etheral extraction, as the digitonide has been found to be slightly soluble in ether, contrary to accepted opinion.

## XLV.—FROM THE STAFFORD COUNTY MENTAL HOSPITAL, BURNWOOD.

*Report of work carried out by Dr. Wm. Joseph Kirwan and Mr. Sale.*—  
Communicated by Dr. WILLIAM REID, Medical Superintendent.

Examinations in the Laboratory during the year numbered 1,086, as follows :—

Faeces : Typhoid and dysentery, 333 ; tuberculosis, 36. Urines : Typhoid, 18 ; abnormal constituents, 179. Blood : Wassermann reaction, 156 ; malaria parasites, 12 ; cultures, agglutinations, complement fixations for tuberculosis, etc., 28. Sputa for tuberculosis, 57. C.s.f. : For Wassermann, Langes gold curve cell counts, and other tests, 14. Drinking water for bacteria, 62. Food, milk, cows' blood, etc., 111. P.M. examinations, throat swabs, vaccines prepared, sections made, etc., 58. Animal inoculations : Milk for tuberculosis and brucella abortus, sputum for tuberculosis, 22. Post-mortems, 58 (77 per cent. of the deaths).

Of the cases of general paralysis treated with malaria since 1931, one was transferred in 1934 to another mental hospital in a good physical condition, but still having his delusions. Four cases remained *in statu quo*, and one who had a course of malaria in 1931 and another in 1932 is deteriorating. One patient was given a course of Pyrifer treatment in 1934, and had almost recovered at the end of the year.

Courses of tryparsamide are employed in suitable cases of general paralysis.

There are still three carriers of typhoid giving positive results at frequent intervals.

One suspected carrier of dysentery has given negative results throughout the year.

Animal inoculations continue to be useful in suspected cases of tuberculosis in milks and sputa ; also for brucella abortus in cattle.

## XLVI.—FROM THE SURREY COUNTY MENTAL HOSPITAL, BROOKWOOD.

*Laboratory Report.*—Communicated by the Medical Superintendent.

The following is a summary of the routine laboratory work carried out during the year :—

Blood : W.R., 164 ; malaria films, 65. C.s.f., 30 ; urines, 1,930 ; stool, 1 ; sputum, 15 ; sections, 2 ; swabs, 45.

## XLVII.—FROM THE SURREY COUNTY MENTAL HOSPITAL, NETHERNE.

*General Report.*—By Dr. L. M. WEBBER, D.P.M., Medical Superintendent.

*Laboratory Work.*

The laboratory was re-equipped early in 1934, for performance of routine bacteriological, serological and biochemical investigations. It is entirely self-supporting, except for histological investigation, and all media, gold solutions, etc., are made in the laboratory. The media employed for routine use are nutrient and glucose broth, nutrose agar (Eyre), peptic blood agar, and nutrient agar, in addition to serum slopes for swabs. The latter are made largely from bulked serum left over from blood specimens, or venesection for clinical reasons, hyperpiesia, etc. A special adaptation to the autoclave has permitted of this being used as a steam-bath for media making.

The following is a summary of the investigations carried out during the period April to December, 1934 :—

Urines : Routine, including tests for acetone, 286 ; quantitative benedicts, 27 ; microscopical 67. Blood : Total counts, 4 ; microscopical, 11 ; Van den Bergh, 5 ;

Widal, 5 ; Sonne and dysentery, 6 ; Kahn, 10 ; culture, 2. C.s.f. : Colloidal gold reactions, 65 ; globulin, 65 ; pandy, 65 ; total proteins, 7 ; Kahn, 11 ; cell counts, 3. Bacteriological : Sputum, 40 ; throat swabs, 16 ; urine, 67 ; pus, 33 ; pleural effusion, 7 ; C.s.f., 3 ; faeces (plating for typhoid), 7 ; milk analysis, 12 ; laundry effluent, 3 ; veterinary, 3, post-mortems, 93. In 11 cases the brain was hardened prior to examination. Histology : (Guy's Hospital Path. Dept.). Sections : Cerebral tumour, 1 ; cerebellar abscess, 1 ; colon, 1 ; bladder, 1 ; prostate, 1 ; kidney, 2 ; spinal column tumour, 1.

*Milk Supply. Br. Abortus Infection.*

During 1934, a section of the farm herd was isolated for epidemic abortion. The milk was repeatedly examined, under reduced O<sub>2</sub> tension and anaerobically on Eyre's nutrose agar plates for Br. Abortus. No colonies of Br. Abortus were grown, but a disquieting proportion of Str. faecalis was detected. Arrangements were made to pasteurise the milk, and this is being continued.

XLVIII.—FROM THE EAST SUSSEX COUNTY MENTAL HOSPITAL.

*Report of Clinical and Pathological Investigations.*—By Dr. GEOFFREY SHERA, M.A., Pathologist.

The total output of the department has increased by 107 tests this last year. The following comparative figures are of interest :—

	1932	1933	1934
Hospital examinations ...	3,159	3,612	3,383
County examinations ...	1,409	1,614	1,950
	4,568	5,226	5,333

The diminution in hospital figures is due to the cessation of leucocyte count observations in dementia praecox cases, of which 229 were done in 1933, as against 33 last year. Moreover, the research upon the incidence of present or past infection in new admissions of undulant fever, food poisoning and B. dysenteriae (Sonne) came to an end. The results were tabulated in the last annual report.

These two items accounted for 717 tests in 1933, and if the difference is allowed for, it will be seen that the other routine work has increased, actually, by 541 tests.

*Dysentery.*—Four mild cases occurred during 1934. Of these, three were B. dysenteriae (Sonne) and one B. dysenteriae (Flexner). The latter occurred in February and the former in May. The search for carriers was negative although vigorously prosecuted.

*Scarlet Fever.*—Search for the haemolytic streptococcus was carried out in some cases of scarlet fever, as an aid to diagnosis.

The following is a summary of examinations performed during 1934 :—

*Hospital Work.*—Urine: Routine, 1,413 ; special (bacteriological, fermentation tests, etc.), 510. Faeces: bacteriological, 812 ; special (occult blood, differential fats, etc.), 32. Bloods: Wassermann tests (M.R.C. No. 3 method), 311 ; complete counts, 33 ; partial counts, 33 ; films for malarial parasites, 1 ; sugar estimations, 64 ; urea estimations, 9 ; Van den Bergh reactions, 1 ; agglutinations (per organism), 6 ; complement fixation (tubercle), 2. Hairs, etc., for ringworm, 1 ; sputa for tubercle bacilli, etc., 36 ; organs cut and stained, 13 ; autogenous vaccines, 5 ; biological tests, 1 ; C.s.f., 23 ; pleural fluids, 8 ; test meals and vomits, 1 ; organs mounted for museum, 6 ; other tests, 6 ; post-mortems, 56 (58.9 per cent. of deaths).

*County Work.*—Tests under Tuberculosis Order, 1925: Biological, 18 ; Microscopical, 28. Tests under Milk and Dairies (Consolidation) Act: Biological, 246 ;

Microscopical, 178; cultures, 43. Tests for Public Health Authorities: Sputa for tuberculosis, 693; swabs for diphtheria, 151; milks, 141; faeces, 27; blood tests, 144; pleural fluids, 11; urines, 131; vaccines (autogenous) 2; other tests, 135. East Sussex National Health Insurance Committee: Autogenous vaccines, 2.

### *Research.*

*Proteose.*—Observations on the use of autogenous proteose were made by Dr. Deane on three cases, two of epilepsy and one of asthma. The results were negative, but in asthma (of a certain type) and in eczema, this form of treatment is valuable.

*The Kahn flocculation test.*—All Wassermann sera have been tested by the Kahn test concurrently with the W.R., likewise the spinal fluids, and a close agreement was found. The concordance of these two tests is of much greater diagnostic value than one alone.

*The Gum-mastic test* has been used as a control on the colloidal gold reaction of Lange, and although only a few tests have been done the sensitivity of the test seems assured. It is too early to pass a definite opinion as to its value in diagnosing general paralysis, but results, so far, are promising.

*Quantitative Wassermann tests.*—These have been made more sensitive during the past year and a method has been devised for testing the unit content. Sera have been found to register as few as 1 unit, and in other cases over 200 units were deviated.

*Deficiency of Natural Complement* in mental patients. Considerable variation in the blood content of natural complement was found in 6 cases so tested. The lowest reading was 10 units and the highest 25 units. These figures indicate, most probably, variations in bacterial resistance. This method of assessment is worth further trial.

*Infections of the renal system.*—Research has commenced at the suggestion of the Medical Superintendent, upon Bacillus coli infections of renal system in mental patients. All new admissions so infected are being tested for (1) the nature and extent of the infection, (2) its effect on renal efficiency by the urea clearance test (with urea), (3) its effect on the mental state, (4) followed by treatment with autogenous vaccines and other measures if these fail, and (5) subsequent observations of a bacteriological and clinical nature. Dr. Reid has undertaken the clinical assessment of progress in these cases.

*The gastric mucosa in mental patients.*—Post-mortem examinations show that a fair proportion of mental patients show almost complete atrophy of the gastric lining. This furnishes both a line of research and also an argument for the use of gastric extracts in the treatment of these cases. Control test meal observations seem indicated. It seems probable that such atrophy must exert a definite effect on the mental state. It may be a cause, on the other hand it may be an effect, induced by habit.

*Hospital sterilisation of soiled linen.*—A number of tests were carried out with cultures and controls on the efficiency of the hospital steriliser. When these tests were done under routine conditions, the results were unsatisfactory, but when the tests were done under proper medical supervision, the apparatus was found to be effective. This fact shows the necessity of both testing and inspecting the working of these sterilisers. For the test, typical organisms, both aerobic and anaerobic were tried out.

*Antiseptic treatment of soiled linen.*—The value of various antiseptics in the preliminary disinfection of soiled linen was also investigated. Carbolic acid 1 in 200, Izal 1/300 and Lysol 1/200, also lavazone 1/400 were tested. Only lavazone 1/300 was found to be satisfactory for the purpose required. The minimal effective concentration of lavazone was found to be 1/300.

## XLIX.—FROM THE WARWICK COUNTY MENTAL HOSPITAL.

*General Report.*—By Dr. H. B. LEECH, Acting Medical Superintendent.

The investigation and treatment of patients with the help of Visiting Specialists and laboratory findings has continued. The eradication of disease where possible has been supplemented by extensive use of non-specific protein therapy, colonic irrigation, prolonged baths, ultra violet radiation, expert massage and remedial exercises. The present system of occupational therapy is under review.

*General Paralysis.*—The treatment of General Paralysis has been standardised as follows :—N.A.B. and bismuth are given twice weekly for five weeks, each injection being preceded by 1 oz. of liver extract and 1 oz. of glucose given orally, as protection for the liver. Malarial treatment is then instituted, followed by an intensive course of iron therapy, iron and ammon. citrate 100 grains a day, until the haemoglobin level is satisfactory. A further five weeks' course of arsenic and bismuth is followed by mercury and potassium iodide by the mouth for two months, further courses being given as required.

Treatment with Dmelcos was found to have no advantages over malaria.

*Anaemia and Gastric Function.*—Research on the incidence of anaemia in mental disorders and its possible relation to gastric function is proceeding.

*Nasal Sinusitis in Psychoses.*—An analysis of the results of the treatment of infected sinuses by operative procedures has been made. No benefit to Schizo-phrenic or manic-depressive psychoses was observed, but certain confusional types were improved.

(D. N. Parfitt, *The Lancet*, 1935, i, 429.)

*Somnifaine Prolonged Narcoses.*—This treatment, using the Cardiff technique has been given to over 30 patients, with one death. No final opinion as to its value has yet been formed.

*Psychoses Associated with Pernicious Anaemia.*—Two cases were observed which suggested the view that the mental changes developing in pernicious anaemia depend on the state of the psyche when the disease develops. If the disease becomes severe, a toxic confusional state may be produced.

(D. N. Parfitt, *Journ. Neurol. and Psychopath.*, 1934, xv, lvii, 12.)

*Psychoses Associated with Childbirth.*—A critical review of 14 successive psychoses associated with childbirth was published.

(D. N. Parfitt, *Journ. Ment. Sci.*, 1934, lxxx, 43.)

*Routine Pathological Work.* By D. N. Parfitt, assisted by Mr. F. Gardner, laboratory technician.

Bacteriological, etc. : W. R. blood, 251 ; Kahn blood, 251 ; W. R. of C.s.f., 138 ; Kahn of C.s.f., 138 ; Urine cultures, 132, fasting juice cultures, 167 ; throat swabs, 27 ; Widal's, 11 ; cervical swabs, 57 ; sinus lavage cultures, 102 ; pus from abscesses, 9 ; urethral smears, 14 ; cultures of faeces, 27 ; examination of faeces for T.B., 9 ; sputum for T.B., 31 ; tooth root cultures, 23 ; autogenous vaccines, 19 ; bacteriological examination of milk, 6 ; of water, 17 ; white blood cell counts, 37 ; red cell counts, 264 ; pathological sections, 23 ; museum specimens, 7 ; post-mortems, 41 ; urinary deposits, 473 ; fasting juice deposits, 91. Biochemical, etc. : Globulin in C.s.f., 138 ; Lange tests, 138 ; routine urine examinations, 717 ; fractional test meals, 167 ; haemoglobin estimations, 304 ; faeces for occult blood, 17 ; Van den Bergh reactions, 12 ; blood ureas, 79 ; blood sugars, 58 ; blood cholesterols, 14.

## L.—FROM THE ISLE OF WIGHT COUNTY MENTAL HOSPITAL.

*Report of Research Work.*—Communicated by Dr. C. DAVIES-JONES, Medical Superintendent.

*General Laboratory Work.*—The following is a summary of the work carried out in the Laboratory during the year :—

Urines, 174 (these are additional to the simple routine examinations carried out in the wards) ; Widal's, 37 ; blood counts, 17 ; blood cultures, 12. C.s.f. : Gold sol's, 5 ; Meinicke-K.R., 6 ; C.s.f. cultures, 3 ; sputa for T.B., 22 ; faeces for T.B., 4. Bacteriological cultures : Throat swabs, 4 ; nasal swabs, 1 ; vaginal swabs, 2 ; stools, 205 ; urines, 145 ; pleural effusion, 1 ; post-mortem examinations, 25 (81 per cent. of deaths).

The hospital herd has also been examined : Widal's, 4 ; agglutination tests for brucella abortus, 10 ; blood cultures for brucella abortus, 23. During the year 6 samples of milk from hospital cows have been bacteriologically cultured.

Dr. Wood has been greatly assisted in his work in the Laboratory by a recently appointed Laboratory Assistant.

*Special Investigations carried out by Dr. Alexander Wood, Deputy Medical Superintendent.*

(1) The examinations of stools and urines to determine typhoid carriers were continued throughout the year. The introduction of the use of rectal swabs for obtaining faecal specimens resulted in the immediate discovery of two carriers. The faecal emulsions were plated out on the old standard medium of Wilson and Blair and subsequently differentiated upon a modified Endo's medium.

(2) An epidemic of gastric influenza was general on the Island during the Spring. Blood cultures from cases in the hospital yielded Gram negative bacilli which produced acid without gas in the different sugars but in varying combinations. In subculture they produced acid and gas in lactose, mannite, glucose and saccharose.

*Mental Welfare Clinics.*

The clinics continue to operate and work has increased. A total of 138 patients were dealt with, 111 being new. The total attendances amounted to 644 for the year. In addition to the weekly sessions held at the County Hall, Newport, and at the Ryde Hospital, it was found necessary to institute an additional session at the Mental Hospital. Although this has only been in operation for a few months, 54 attendances have been recorded. It is advanced by some that to hold a session of the clinic at the Mental Hospital is for several reasons undesirable. Experience here has not confirmed this view, so far at any rate. Of course there is the disinclination to enter the precincts of the mental hospital, but it is worth noticing that this is obviously breaking down as the provisions of the Mental Treatment Act become more widely known. It is equally obvious that these provisions require to be made known, it is contended, as part of the activities of the mental hospital. The advantage of a session of the clinic at the hospital is felt greatly in dealing with those cases which need prolonged treatment by analysis, or where help from the laboratory is required. No less than two-thirds of the year's voluntary admissions have come via the clinic.

Considerable difficulty is experienced in regard to dealing with children aged 16 and below. During 1933 these numbered 19. In 1934 the number has risen to 31. This increase is due in part to increased familiarity with the existence of the clinic, and also to the fact that practically all juvenile offenders dealt with under the Children Act are now referred before or after trial to the clinic. It is satisfactory to record the fact that the recommendations made to the Courts are in the majority of instances adopted. The existence of such large numbers of "problem" children argues greatly in favour of the introduction of a "children's" clinic (child guidance), and this point is not being lost sight of.

*Mental and Social Welfare Committee.*

It has been recently decided to form such a body. Its object will be to assist the social worker in relation to the work of the clinic and the

admissions to the mental hospital. After-care will be an important duty as will also be that of providing *useful* visitors to friendless patients and the inauguration of attractions of a social character *outside* the mental hospital. The committee will consist of those ladies who are members of the visiting committee and suitable members to be co-opted as representatives of districts.

## LI.—FROM THE NORTH RIDING MENTAL HOSPITAL, YORK.

*Laboratory Report.*—By Dr. W. FRASER, D.P.M., Deputy Medical Superintendent.

The following is a summary of the routine laboratory investigations made during the year :—

Urine : Chemical and microscopical examinations, 1,744 ; bacteriological examinations, 5. Faeces : Bacteriological examinations, 1,276 ; chemical examinations, 2. Blood : Widal tests, 393 ; cell counts, 49 ; Meinicke reactions, 140 ; Wassermann reactions, 15 ; sugar estimations, 5 ; sputa, 45 ; throat swabs K.L.B., 20. C.s.f. : Wassermann reactions, 17 ; R. Jones and Pandey tests, 18 ; Meinicke reactions, 8 ; P.M. tissues : Bacteriological examinations, 186 ; histological examinations, 22.

### *Typhoid and Dysentery Carriers.*

Systematic search has been continued for carriers of enteric and dysentery bacilli. Three male enteric carriers have been detected during the year.

*B. typhosus* has been isolated on four occasions (76 examinations) from the faeces of E.M., who suffered from enteric fever in 1925 : on 17 occasions (91 examinations) from F.K., and on 50 occasions (150 examinations) from T.H.S.

No new carriers of enteric have been detected among the female patients. Of 7 female carriers who had cholecystectomy performed, 6 remained free from *B. typhosus* throughout the year : one continued to excrete *B. typhosus* intermittently. *B. dys.* (Flexner Z) was isolated on four occasions from the faeces of a male carrier, J.H.

## LII.—FROM THE BRISTOL CITY MENTAL HOSPITAL.

*General Report.*—By Dr. E. BARTON WHITE, Medical Superintendent.

### A.—*Pathological and Biochemical.*

During the year, 1863 examinations were made, almost the same number as in 1933.

#### *Summary of Examinations.*

Urines : Routine, for abnormal chemical and cellular constituents, 1,286 ; special examinations, 34. Blood : total counts, 17 ; malarial films, 23 ; Widal reaction, 1 ; Wassermann reaction, 329 ; chemical, 17. C.s.f. : Complete examinations, i.e., cell count, protein and chloride content, Lange curve and Wassermann, 44. Faeces : bacteriological, 15 ; sputum examinations, 25 ; other cultural examinations, 6 ; Vaccines, 1 ; Histological investigations, 12 ; post-mortem examinations, 53 (60.9 per cent. of deaths).

### B.—*Clinical.*

#### 1. *Dysentery Prophylaxis.*

The routine inoculation of new admissions against dysenteric infection has been continued throughout the year, and 282 patients have been treated during 1934. This figure represents nearly 90 per cent. of all the admissions, the remainder being considered in too poor physical condition to justify the injections. The result of this prophylactic measure

has again been most gratifying, and the hospital has been almost completely free from dysentery during the year. Only one case in January last was notified, in this case the infecting organism gave the fermentation reactions of B. Flexner, but showed no agglutination with any of the Flexner anti-sera. Six other patients suffered from mild diarrhoea with rapid recovery ; in these cases repeated investigations showed no pathogenic organisms of the dysentery group.

## 2. Syphilis in new admissions.

Following the routine procedure during the previous five years, the Wassermann reaction has again been performed on all new admissions, and the statistical findings reported in the Report for 1933 receive further confirmation from the additional figures now available. The incidence corresponds remarkably closely with that of previous years, as will be seen from the following table :—

		Total.	Positives.	Percentages.
5 years 1929-33	{ Males ...	520	89	17.1
	{ Females ...	657	48	7.3
1934	{ Males ...	110	19	17.2
	{ Females ...	176	14	7.9

Excluding cases of general paralysis (13 males and 1 female), the incidence of syphilis is 6.2 per cent. in male admissions and 7.4 per cent. in females, average 6.8 per cent. as compared with an average of 5.8 per cent. for the preceding five years. Classifying all positive cases according to the type of mental disease present, the non-paretics fall in haphazard fashion in widely dissimilar groups :—

	M.	F.	T.
General paralysis of the insane ... ..	13	1	14
Delusional ... ..	—	1	1
Confusional ... ..	1	2	3
Melancholia ... ..	1	6	7
Mania ... ..	—	1	1
Insanity with gross lesions... ..	2	3	5
Senile dementia ... ..	1	—	1
Alternating Insanity ... ..	1	—	1
	19	14	33

Once again it is evident that if general paresis be excluded, syphilitic disease is present in very few admissions ; when present it appears to be a mere coincident infection and not an etiological factor of the mental condition.

## 3. Malarial Therapy in General Paralysis.

Nine patients (all males) have been given malarial treatment during the year, with results well up to the average of our previous experience. Four patients have improved greatly and have been discharged from hospital ; three remain *in statu quo*, and two failed to improve and have since died. Periodic examination of the discharged cases will, of course, be undertaken in the future.

## 4. Calcium Metabolism in Epilepsy.

Having regard to the disturbances in blood calcium which are present in certain types of muscular dysfunction, it was thought that an investiga-

tion of calcium metabolism in epileptics would form a useful line of research. The investigation is proceeding, and up to the present 14 cases of epilepsy have been examined. The results up to date have, however, failed to show any evidence of endocrine imbalance or any gross departure from normal. Further work is being done and a fuller account will be available for next year's report.

#### LIII.—FROM THE DERBY BOROUGH MENTAL HOSPITAL.

*Report of Pathological and Clinical Investigations.*—By Dr. JOHN BAIN, M.A., Medical Superintendent, and Dr. W. J. BARBOUR, Pathologist.

##### A.—Pathological and Biochemical.

During the year 1934, 1,348 examinations were made. Summary of examinations :—

Urines : Routine, 416 ; special, including bacteriological and urea concentration tests, 95. Faeces : Bacteriological, 22 ; special reactions, 21. Blood : Total counts, 37 ; differential, 23 ; malarial films, 3 ; sugar estimations, 4 ; urea estimations, 10 ; non-protein nitrogen, 5 ; creatinine, 2 ; Van den Bergh, 1 ; agglutinations, 10 ; blood sera for Kahn reaction, 126. C.s.f. : Complete examination, 62 ; cell count, 62 ; protein content, 40 ; globulin tests, 60 ; gold curve, 62 ; Kahn test, 62 ; chloride estimations, 40 ; sugar estimations, 14. Bacteriological : Swabs and cultures, 115 ; sputum examinations, 13. Post-mortem examinations, 34 (94·4 per cent. of deaths). Organs cut and stained, 161 ; organs permanently mounted for museum, 7.

##### B.—Clinical.

*Syphilis in relation to mental disease.* Investigation of the incidence of syphilis was continued, the blood being examined by the Kahn test and the cerebro-spinal fluid tested by at least the four classical tests, viz., Kahn, cell count, gold curve and globulin estimation.

The results are as follows :—

Of 70 female admissions examined 11 gave a positive blood Kahn (total admissions, 78).

Of 48 male admissions examined seven gave a positive blood Kahn (total admissions, 54).

Table of female cases :—

Initials.	Admitted.	Age.	Blood.	C.s.f.	Diagnosis.	Result.
M.J.T.	12.1.34	52	+	+ Luetic curve.	G.P.I.	Died 16.4.34
E.T.	28.2.34	47	+	+ Paretic curve.	G.P.I.	Died 8.5.34
S.J.R.	19.3.34	55	+	+ Paretic curve.	G.P.I.	Alive.
F.W.	9.6.34	48	+	—	Delusional Insanity Systema- tised.	Alive.
T.F.	31.5.34	43	+	+ Paretic curve.	G.P.I.	Alive.
A.B.	3.7.34	52	+	—	Insanity with Epilepsy.	Alive.
S.S.	10.7.34	81	+	—	Senile Dementia.	Alive.
M.S.	9.8.34	36	+	+ Paretic curve.	G.P.I.	Died 25.9.34
S.A.V.	30.11.34	65	+	+ Luetic curve.	Confusional Insanity.	Alive.
L.C.	8.12.34	43	+	—	Recurrent Mania.	Alive.
L.H.	17.12.34	28	+	—	Insanity with Epilepsy.	Alive.

Table of male cases :—

F.B.	26.2.34	41	+	+ Paretic curve.	G.P.I.	Died. 20.3.34
T.G.	26.4.34	61	+	+ Paretic curve.	G.P.I.	Died 14.5.34
A.E.B.	4.6.34	47	+	+ Paretic curve.	G.P.I.	Died 16.9.34.
E.S.	6.2.34	48	+	+ Paretic curve.	G.P.I.	Alive.
T.W.T.	17.8.34	66	+	+ Paretic curve.	G.P.I.	Alive.
A.B.	28.8.34	38	+	+ Paretic curve.	G.P.I.	Died 17.10.34
L.P.	26.11.34	26	+	+ Paretic curve.	Juvenile Tabo- paresis.	Alive.

Thus of the + bloods in both sexes 72 per cent. were neurosyphilitics.

#### LIV.—FROM THE IPSWICH BOROUGH MENTAL HOSPITAL.

*General Report.*—By Dr. P. BANBURY, D.P.M., Medical Superintendent.

*General Paralysis.*—One male patient was treated with Pyrifer and the highest “peak” recorded was 104.6° F. In all he had ten injections, and has responded well to the treatment. It appears to be a simple form of therapy to carry out and it is intended to use it in further cases as opportunity arises.

*Epilepsy.*—Three patients (two male and one female), who were all subject to frequent fits have been treated with Prominal gr. 3 b.d. All patients experienced a reduction in the incidence of their seizures and no evidence of toxicity was noted. The drug has also been exhibited in two male patients attending the out-patient clinic. In these two cases gr. 3 only were prescribed as a daily dose and no benefit over bromide and luminal could be detected.

*Out-patient Clinic.*—Fifty new patients were seen during the year, and the total attendances numbered 310. On several occasions patients in the wards of the voluntary hospital were examined at the request of members of the staff, and two cases of puerperal confusion were dealt with under Section 5 of the Mental Treatment Act. The clinic continues to be held once weekly.

*Pathological and Bacteriological Work.*—Dr. A. M. Maccallum, the Assistant Medical Officer, has carried out the routine examinations of blood films, sputa and urine. The facilities at the laboratories of the East Suffolk and Ipswich Hospital and the East Suffolk County Council are utilized for Wassermann reactions and other desired investigations.

#### LV.—FROM THE LEICESTER CITY MENTAL HOSPITAL.

*Laboratory Report.*—By Dr. T. WISHART DAVIDSON, D.P.M., Pathologist, and Dr. J. D. W. PEARCE, D.P.M., Assistant Pathologist.

*Routine Laboratory Investigations* during the year 1934 were as follows :—

Bacteriological examination of faeces, 361; culture of blood urine, pus and exudates, 84; examination of sputum for T.B., 97; of faeces and urine for T.B., 244; blood counts, 148; Benzidine tests, urea estimations, Van den Bergh reactions, blood sugar tolerance tests, test meals, sedimentation tests, blood analyses, etc., 153; Widal tests, 125; C.s.f. examinations, 21; malaria blood films, 405; Wassermann reaction of blood, 279; Wassermann reaction of c.s.f., 21; Vernes test of blood, 279; urine examinations, 796. Post-mortem examinations, 54 (98.4 per cent. of deaths).

*Wassermann Reaction* (M.R.C. No. 1 Wyler modification). Of the 219 direct admissions, blood from 172 was examined ; the remainder were not examined as they were either readmissions and known negatives, or died or were discharged shortly after admission.

Of the 94 females examined, five (5·3 per cent.) gave a positive reaction ; and of the 78 males, 13 (16·6 per cent.) were positive.

The incidence rate for syphilis in the 172 admissions tested was 10·5 per cent. General paralysis was diagnosed in one female and eight males.

*Syphilimetric Method of Vernes*. Comparative tests between the Wassermann and the Vernes were continued. Of the 172 admission cases tested there was complete agreement between the two tests in 161 (93·6 per cent.). In the 11 instances (6·4 per cent.) in which there was disagreement, the variations in reading were as follows :—

W.R.+	V?	2 (1 clinically syphilitic). (1 general paralysis).
W.R.+	V—	8 (1 general paralysis). (3 clinically syphilitic). (1 tuberculosis). (3 syphilis—doubtful).
W.R.—	V+	1 (clinically not syphilitic).

The Vernes method was used principally for the control of the drug treatment of syphilitics, and of general paralytics following malaria.

Twenty-four patients were treated, and 466 intramuscular or intravenous injections given.

*Malaria Treatment of General Paralysis*. Six males and one female were treated by the inoculation of malarial blood. One male (voluntary) departed “ unimproved ” ; two males died ; and of the remaining patients the female and two males improved, and one male was not benefited.

Since the malaria treatment commenced in 1924, 109 patients have been treated, and the results are as follows :—

	No.	Per cent.
Discharged ... ..	25	22·9
Improved ... ..	7	6·4
Unimproved ... ..	20	18·4
(including 3 who were discharged, but relapsed and were re-admitted)		
Died ... ..	57	52·3

Of the patients who died, 6 were patients who had been discharged, but relapsed and were readmitted. In 10 instances death was associated with the malaria treatment.

*Dysentery*.—There was no dysentery in epidemic form during the year ; but 6 sporadic cases (3 Flexner Y, 1 Flexner Z and 2 Sonne) occurred on the female division.

*Chronic Epidemic Encephalitis*. Intravenous treatment by weekly injections of 100 c.c. 10 per cent. aqueous solution of Sodium Iodide was continued until September 1934. The condition of two patients, who had 94 and 36 injections respectively, remained stationary while under treatment but regressed after it was discontinued. Treatment is to be resumed.

#### *Out-Patient Clinic.*

Eighty-four patients were seen during the year, 57 being new cases. Twenty-three patients were admitted to the hospital on a voluntary basis, and seven under certificate. In all, 349 attendances were recorded.

The 57 new patients seen were classified as follows :—

Psychoneuroses, 19 ; manic-depressive psychosis and involutional melancholia, 10 ; paranoia and paraphrenia, 4 ; general paralysis, 2 ; schizophrenia, 8 ; chronic epidemic encephalitis, 2 ; epilepsy, 3 ; mental defect, 3 ; senile dementia, 6.

## LVI.—FROM THE CITY OF LONDON MENTAL HOSPITAL.

*Laboratory Report.*—Communicated by the Medical Superintendent.

The following is a summary of work carried out in the laboratory during the year :—

Analyses of urines, 813 ; quantitative, 5. Blood cell counts, 4 ; examination of faeces and urine for bacillus typhosus, etc., 111 ; agglutination tests, 1 ; examination of swabs, 3 ; examination of sputum, 8. Miscellaneous reactions, section cutting, differentiation of bacteria. Preparation of all medias, sugars, stains, etc.

## LVII.—FROM THE NEWCASTLE-UPON-TYNE CITY MENTAL HOSPITAL.

*Report of Pathological and Clinical Investigations.*—By Dr. H. D. MACPHAIL, O.B.E., Medical Superintendent, and Dr. G. M. MUIRHEAD.

A.—*Pathological.*

The following examinations were made during the year :—

Urines : Routine, 260 ; special (including bacteriological and chemical), 120. Faeces : Bacteriological, etc., 20. Blood : Counts, 20 ; B. films (malaria, etc.), 320 ; colloidal gold curves, 5 ; Wassermann reactions, 20. C.s.f. : Wassermann reactions, colloidal gold curves, etc., 12. Bacteriological swabs and cultures, 10 ; sputum examinations, 30 ; post-mortem examinations, 32 (42 per cent. of deaths).

B.—*Clinical.*

*Treatment of General Paralysis.*—This has been continued during the year, the method employed being malarial therapy supplemented by the injection of tryparsamide.

There have been few admissions of general paralytics during the year, and consequently the numbers treated have been much smaller than in recent years.

## LVIII.—FROM THE NEWPORT BOROUGH MENTAL HOSPITAL.

*Report of Clinical and Pathological Investigations.*—By Dr. M. R. MACKAY, M.C., Medical Superintendent.

A.—*Clinical Investigations.**General Paralysis of the Insane.*

The malarial treatment of general paralysis of the insane was continued, four cases being treated, all being infected by blood inoculation.

Two were discharged, one died and one still remains.

Tryparsamide was given in conjunction with the malaria, it was found to be a useful adjuvant in certain cases.

*Epilepsy.*

*Sodium Chloride and Magnesium Sulphate.*—Intravenous injections of sodium chloride and magnesium sulphate were given to a number of epileptic patients who had frequent fits.

The object of the treatment was to increase the osmotic pressure of the blood, and thereby dehydrate the tissues.

It was found to have very little, if any, effect upon the number of the fits, or on the mental condition of the patients.

In status epilepticus it is possible to reduce the number of seizures with either the sodium chloride or the magnesium sulphate.

*Glucose.*—Working on the hypothesis that epilepsy may be caused by hyperinsulinism, glucose in large doses was given to a series of cases.

No beneficial effect can be recorded.

### B.—*Pathological Investigations.*

The following is a summary of the pathological examinations carried out during the year 1934.

Urines : Routine examinations, 117 ; microscopical, 4. Blood : Differential counts, 5 ; total cell counts, 11 ; blood films, 5 ; malarial films, 4 ; Wassermann reactions, 15 (at County Laboratory). Bacteriological : Examinations of sputum, 3 ; throat swabs, 1 (at County Laboratory). Autopsies, 13 (54 per cent. of deaths).

## LIX.—FROM THE NOTTINGHAM CITY MENTAL HOSPITAL.

*General Report.*—By Dr. G. L. BRUNTON, Medical Superintendent.

### A.—*Pathological and Biochemical.*

#### *Summary of Examinations.*

Urines : Routine, including tests for acetone bodies, 816 ; urea estimations, 8. Blood : Total counts, 14 ; microscopical, 22 ; malarial parasites, 298 ; sugar estimations, 3 ; glucose tolerance curves, 2 ; urea estimations, 4 ; non-protein nitrogen, 5 ; cultures, 8 ; chloride, 77 ; Kahn tests, 127 ; Van den Bergh, 68. C.s.f. : Chloride, 55 ; colloidal gold reactions, 56 ; bi-coloured guaiac tests, 51 ; globulin reactions, 56 ; cell counts, 54 ; Kahn tests, 8. Bacteriological : Sputum, 422 ; faeces, 25 ; urine, 52 ; pus, 14 ; throat swabs, 8 ; milk supply, 4 ; food samples, 24. Milk analyses : Total estimations, 47. Fractional test meals, 3 ; benzidine tests, 4. Post-mortem examinations, 58 (76 per cent. of deaths). Histology : Pituitary glands cut and stained, 29 ; liver, 5 ; lungs, 2 ; brains, 6 ; kidneys, 1 ; suprarenal, 1 ; pancreas, 1 ; spleen, 1 ; cerebral tumour, 1 ; examinations for spirochaetes, 12.

#### *Chloride content of the blood and cerebro-spinal fluid.*

The chloride content of the blood has been estimated as a routine on new admissions and the cerebro-spinal fluid has frequently been similarly examined. The results obtained presented such variation that no conclusions could justifiably be drawn.

In forty-seven patients the blood and the cerebro-spinal fluid were drawn off almost simultaneously, and the chloride content of each estimated. The difference between the blood chloride and the cerebro-spinal fluid chloride content in twenty-four cases of general paralysis varied from 205 mg. to 344 mg., with an average of 276 mg. In twenty-two cases of other psychoses the difference varied from 253 mg. to 348 mg. and the average was over 290 mg. The latter series comprised twelve cases of schizophrenia averaging 297, two cases of paraphrenia averaging 294, four cases of mania 291, and four cases of melancholia 296. One case of post-encephalitic Parkinsonian syndrome gave a difference of 219 mg.

#### *Bi-coloured Guaiac Test.*

This test continues to be carried out and the conclusions drawn two years ago and stated in the Board of Control Research Report for 1932 remain unchanged.

#### *Kahn Test.*

The Kahn test of the blood is now being carried out as a routine measure in all new admissions, and the cerebro-spinal fluid is also being tested. The results are being correlated with Wassermann reactions done independently in the City Laboratory.

### B.—*Clinical.*

#### *Rutonal in Epilepsy.*

Eleven epileptics have been given 6 grains of rutonal daily during the past year. These were patients to whom the usual medication of bromide and gardenal alone or combined had previously been administered without beneficial effect. In three of these patients the effect was striking. One hallucinated dangerous patient transferred from another hospital, where

he had constantly been in bed for the preceding two years on account of his impulsiveness, is now quiet, amenable and sociable. Another with delusions of persecution who was periodically violent is now on parole, and the third who had previously been in a confused and apparently demented state is now a willing and useful ward worker. Five of the others showed definite improvement, while two did not exhibit any appreciable change, and one seemed to be definitely more irritable.

A decrease in the number of seizures accompanied the psychic improvement. The beneficial effects occurred promptly in some cases but in others, among them those in whom the most marked improvement occurred, no change was noticed during the initial six weeks or two months.

#### *Malaria in General Paralysis.*

Eleven male patients were inoculated with tertian malaria. Of these two have been discharged, two are showing definite progressive improvement, five were merely arrested or showed a slight improvement which was not maintained, and two subsequently died. Three female patients were inoculated, but they were admitted in a very advanced stage of the psychosis, and no appreciable benefit resulted. In two the mental deterioration was arrested with slight physical improvement, while the third subsequently died.

#### *Pyrifer.*

Four patients were given courses; one, a confusional case, has been discharged, one, an agitated melancholic general paralytic, did not improve, and died subsequently, and the other two, a confusional case and a congenital paralytic, showed moderate mental and physical improvement.

#### *Diathermy in General Paralysis.*

Two patients given this treatment improved sufficiently to be discharged, but after a period of some months relapsed. Five cases of general paralysis and one of paraphrenia with systemic syphilis were given a course of diathermy concurrently with a course of novarsenobillon. An average temperature of 102° to 103° was maintained during the diathermy administrations except in one case in whom hyperpyrexia occurred more than once. No definite improvement could be attributed to this combined course. The cases were either well advanced or had previously received other therapeutic measures without improvement.

#### *Photodyn.*

Five cases of involutional melancholia were treated with photodyn, four receiving three courses and one two courses. The results obtained were less favourable than those reported in American literature of its administration in this type of melancholia. Only one patient has been discharged, two show moderate improvement with diminution of agitation, while two are unchanged. Four of the patients expressed appreciation of the treatment.

#### *Prolonged Somnifaine Narcosis.*

Thirty-three courses of somnifaine of from two to three weeks' duration have been given throughout the year, *ten* with insulin and glucose, *twenty-three* without. In addition to what may be termed its curative effect in recent psychoses, somnifaine therapy continues to be found of value in chronic turbulent cases, as in addition to the temporary quiescence induced, a subsequent increased accessibility persists.

### LX.—FROM THE PORTSMOUTH CITY MENTAL HOSPITAL.

#### *Laboratory Report.*—Communicated by the Medical Superintendent.

The following is a summary of the routine laboratory examinations carried out during the year :—

Urines : Routine, 340. Blood : Wassermanns, 74 ; Widals, 5 ; counts, 6 ; differential counts, 5 ; malarial parasites, 33. C.s.f. : Wassermanns, 7 ; Globulin, 5 ; c.g. reactions,

11 ; cell count, 7. Bacterial : Sputum, 9 ; faeces, 12 ; urine, 21 ; pus, 3 ; throat swabs, 2. Milk supply, 2. Milk Analysis : Total estimation, 1,062. Cultures, b. coli, 11. Histology : Spleen, 1 ; brain, 1 ; liver, 1 ; kidney, 1. Post-mortem examinations, 20 (25 per cent. of deaths). Patients treated by induced malaria, 11.

# LXI.—FROM THE SUNDERLAND BOROUGH MENTAL HOSPITAL.

*Laboratory Report.*—Communicated by the Medical Superintendent.

The following is a summary of the routine examinations during the year :—

Urines, 168 ; blood films, 14 ; blood W.R., 6 ; c.s.f., 20 ; sputa, 6 ; faeces, 3 ; pus, 3.

# LXII.—FROM THE SWANSEA BOROUGH MENTAL HOSPITAL.

*Report of Research.*—Communicated by Dr. J. S. I. SKOTTOWE, D.P.M., Medical Superintendent.

## A.—Clinical.

### 1. *An Analysis of the Ultimate Fate of 150 Psychiatric Out-Patients.*—By Dr. J. S. I. SKOTTOWE and Dr. MADELINE R. LOCKWOOD.

This investigation was undertaken in order to express in numerical terms the value of out-patient consultation and treatment. The group of cases considered are the first 150 who presented themselves at the psychiatric out-patient department of the Swansea General Hospital ; and they are consecutive and unselected. The Final Diagnosis in every case was made by one of us (I.S.) so as to eliminate variations in diagnosis due to the personal factor.

The following criteria as to results of treatment were adopted and were checked in each case by follow-up work on the part of the Social Service Officer (Miss Hay-Shaw) or by medical examination.

“Recovered” means Social re-instatement\* plus complete freedom from subjective symptoms.

“Much Improved” means Social re-instatement with a residue of subjective symptoms not giving rise to more than minor discomfort (e.g., mild compulsive phenomena ; slight “down-in-the-mouthness”).

“Improved” means that the patient has benefited by treatment, but not to the extent of securing Social re-instatement.

TABLE I.—*Showing the diagnosis in 150 cases.* The criteria adopted are those stated in the First Annual Report of Cefn Coed Hospital.

	M.	F.	T.
(a) Psychoses			
Affective ... ..	11	8	19
Schizophrenic ... ..	14	9	23
Organic ... ..	20	21	41
(b) Psychoneuroses ... ..	20	11	31
(c) Constitutional Psychopaths ...	4	1	5
(d) Mental deficiency without epilepsy ...	11	6	17
(e) Epilepsy (all cases with) ...	7	4	11
(f) Non-psychiatric ... ..	3	—	3
	90	60	150

\* Social Re-instatement means that the patient is able to take up his former employment or occupation and to lead a life completely free from supervision in his leisure time.

Groups (c), (d), (e) and (f) were seen in a purely consultative capacity and no treatment as out-patients was attempted, except in the case of certain epileptics and two psychopaths. In order to clarify matters as much as possible, and to assess the value of treatment in those cases for whom the organisation of the out-patient department was intended, a further analysis of the cases is confined to groups (a) and (b), i.e., the Psychoses and Psychoneuroses, which added together accounted for 114 out of the 150 cases, thus : M.65, F.49, T.114.

The following table affords striking confirmation of the experience (already quoted in the Hospital's Annual Report) that even with the easiest of facilities for obtaining treatment, the mental sufferer still does not come under specialized advice until a relatively late stage of his illness.

TABLE II.—*Showing the duration of symptoms before advice was sought.*

	Under 3 months.	3-6 months.	6-12 months.
(a) Psychoses			
Affective ... ..	2	1	5
Schizophrenic ... ..	3	2	5
Organic ... ..	1	2	8
(b) Psychoneuroses ... ..	4	1	5
	10	6	23

Thus, out of 114 cases only 39 (or 34 per cent.) sought advice within a year of the onset of their symptoms, and only 10 (or 8·7 per cent.) within the first three months. No less than 66 per cent. of the psychoses and psychoneuroses who, be it marked, were previously in good health, suffered their symptoms for over a year before advice was sought.

*Management and Methods of Treatment.*—The following is a classification of the methods adopted in dealing with and/or treating the whole group of 150 cases.

(1) At home under the care of the family doctor upon written instructions from one of us (I.S.) with or without subsequent visits to check progress.

(2) By admission to the mental hospital.

(3) By specialized Psycho-Therapy, as out-patients.

(4) By Social Service (e.g., Enlargement of Social activities ; advice to other members of family in cases of friction, etc.).

(5) By referring cases to other Special Departments of Swansea General Hospital (e.g., Throat and Nose, Surgical, etc.)

Any one, or any combination of the above methods may be used in any given case. A fairly common procedure is for the patient to receive medical treatment at home while preliminary social investigations—and possibly other specialized medical examinations—are being carried out ; then, if progress is not rapidly satisfactory, the patient may be admitted to the mental hospital, where a more intense attempt at physical and/or psychological treatment can be made while the Social Service Officer deals with environmental problems.

TABLE III.—*Showing the relative frequency with which the different methods of dealing with out-patients were advised.*

At home under own Doctor.	Mental hospital admission.	Psychological Treatment as Out-patient.	Reference to other Depts. of General Hospital or Admission to G.H.
57 (includes 17 defectives)	56	17	14

Miscellaneous (e.g., Referred to M.D. Officer or Special Schools)—6.

Although almost every case in the Series of 150 has been seen by the Social Service Officer, Active Social Service by investigation or treatment was undertaken in 26 cases.

*Results of Advice.*—A strict objective check upon the results of advice given was only possible in the whole of the cases in the first three groups of Table III above (i.e., Home Treatment, Mental Hospital Admission and Treatment by Psychological Means as out-patients). The 17 mental defectives are omitted as not being suitable for psychiatric out-patient treatment.

TABLE IV.—*Results of treatment.*

(1)	Recovered or much improved	...	...	...	50	
(2)	Improved	...	...	...	9	
(3)	Not improved	...	...	...	6	
(4)	Died	...	...	...	3	(one suicide)
(5)	Ultimate fate unknown (owing to geographical difficulties)	...	...	...	18	
(6)	Refused to carry out treatment	...	...	...	27	
					113	

Of the total of 113 patients, groups (5) and (6) should be ignored in assessing the results of treatment. This leaves 68 cases ; and of these, 50 are either *recovered or much improved*—a percentage of 70·5 on the total known cases willing to accept treatment.

Analysing now the methods used to secure this result, it is found that of the 68 treated cases 32 were treated as in-patients in the mental hospital, and 36 were treated as out-patients. Of the 36 so treated, 13 were dealt with by means of psycho-therapy.

TABLE V.—*Showing the Diagnosis in cases admitted to the Mental Hospital from the Out-Patient Department.*

					M.	F.	T.
(a)	Psychoses						
	Affective	...	...	...	4	6	10
	Schizophrenic	...	...	...	2	1	3
	Organic	...	...	...	4	5	9
(b)	Psychoneuroses	...	...	...	5	3	8
(c)	Epilepsy	...	...	...	1	1	2
					16	16	32

TABLE VI.—*Results of treatment in the Mental Hospital of the 32 cases in Table V.*

	Recovered or much improved.			Still under Treatment.			Died.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Psychoses									
Affective	3	5	8	1	1	2	—	—	—
Schizophrenic	1	1	2	1	—	1	—	—	—
Organic	3	4	7	—	—	—	1	1	2
Psychoneuroses	3	2	5	2	1	3	—	—	—
Epilepsy	1	1	2	—	—	—	—	—	—
	11	13	24	4	2	6	1	1	2

Thus, out of the 32 cases admitted to the mental hospital from the out-patient clinic, 24 or 75 per cent. were discharged Recovered or Much Improved—a rate which compares very favourably with the general Recovered and Relieved rate of the total run of direct admissions.

*Psychological Treatment.*—Taking now the group of 13 cases in whom psychotherapy was the principal factor in treatment, the following results were obtained; 11 were Recovered or much improved, one was not improved and one was removed to Borstal on account of an offence which occurred previous to the commencement of the treatment.

Nine of the eleven successful cases were psychoneuroses; one was an early Schizophrenia (who has now remained well and at work for six months) and one was an early Affective Psychosis of the Depressive type. It is noteworthy that the two unsuccessful cases in this group were both previously diagnosed as Constitutional Psychopaths, and this tends to bear out the view held by one of us (I.S.) that this type of case is not amenable to psychotherapy.

### *Conclusions.*

(1) Of 150 consecutive unselected psychiatric out-patients, only the Psychotic and Psychoneurotic patients (114) were suitable for active treatment.

(2) Of the 114 suitable cases, 27 refused to carry out the treatment advised; and in a further 18 cases the ultimate result could not be ascertained owing to travelling difficulties.

(3) The known results in the remaining 68 unselected cases show 50 (or 70·4 per cent.) Recovered or Much Improved.

(4) Thirty-two (or 47 per cent.) of the known treated cases required mental hospital treatment.

(5) Of the 32 cases who received mental hospital treatment, 24 (or 75 per cent.) were discharged Recovered or Much Improved.

(6) Psychological treatment is the method of election in the psychoneuroses and occasionally in the early psychoses. The results of such treatment, which was deemed to be applicable in 13 (or 19 per cent.) of the 65 known treated cases, show that 11 cases (or 84·6 per cent. of this sub-group) were Recovered or Much Improved.

(7) Stated roughly, the results of mental treatment are very much better (roughly 70 per cent. as compared with 50 per cent.) in those cases who received advice in the first instance at the Psychiatric Out-Patient Department, than in the general run of Mental hospital admission.

### 2. *Temporary Patients.*—By Dr. N. MOULSON, D.P.M.

A review was made of the various types of cases which had been treated as temporary patients during the two years which followed the opening of the hospital.

The results of this survey were described at the November (1934) Quarterly Meeting of the Royal Medico-Psychological Association when a discussion on this subject was opened by Sir Hubert Bond (*Journal of Mental Science*, January 1935).

### 3. *Observations upon the presence of hysterical symptoms in cases of Schizophrenia.*—By Dr. N. MOULSON, D.P.M.

A patient (T.W.L., admitted on August 18th, 1934), who had sustained an accident in 1923, had developed a right-sided hemiplegia, and was bedridden. His behaviour was influenced by gross delusions of a persecutory nature, apparently based on auditory hallucinations. It was at once recognised that the hemiplegia was functional in origin, and, at the first examination, by means of suggestive measures, the paralysis was removed. The hallucinations and disordered conduct persist, and the patient is still in hospital.

The unusual features of this case led to a survey of others showing similar symptoms, and to a review of the references to this type of illness in medical literature. This work is still being carried out.

4. *Observations upon the Treatment of various types of Mental Illness by means of Prolonged Narcosis.* By Dr. N. MOULSON, D.P.M.

The methods in use at Cefn Coed were described in a contribution to a discussion on this subject at the Annual (1934) General Meeting of the Royal Medico-Psychological Association (*Journal of Mental Science*, October 1934, pages 669-671).

5. *Pathological Sleep.—The Psychobiological Interpretation of a Case.—*

By Dr. J. S. I. SKOTTOWE, D.P.M., and Dr. MADELINE R. LOCKWOOD.

A single woman, aet. 26, formerly a nurse, was seen by one of us (I.S.) at the Swansea General Hospital in January 1934. She was said to have been asleep almost continuously since her admission to the hospital a fortnight previously. She was reported to be capable of being roused sufficiently to enable her to be spoon fed and to attend to her toilet habits. On examination at mid-day she was found to be asleep but was easily roused to full and clear consciousness. She was able to converse, admittedly with a tendency to reticence, in a fairly ordinary way. She gave a reasonably clear account of herself and admitted auditory hallucinations in retrospect. There was no obvious emotional disturbance.

Physically, she was in a state of complete muscular relaxation, and made no spontaneous voluntary movements save that of speech. She was easily persuaded to stand and to walk. No manifest evidence of organic disease was found. She realized that she was ill, and agreed to come into the mental hospital as a voluntary patient. After the examination, she was asleep again before one had finished washing and drying one's hands.

History: She is the twelfth child of an epileptic psychotic mother and an alcoholic father. Four of her siblings died of tuberculosis. She had a healthy childhood and reached Standard VII at school. Her home environment in adolescence was extremely unhappy, and in 1929 she went to London and worked as a maid in a hospital. Later she became a probationer nurse; and just at the time when she was about to sit for her preliminary nursing examination, she heard that her mother had been certified insane (October 1931). She became subject to periods of overpowering drowsiness so that she could not keep awake on duty. In November 1931 she was admitted to St. Bartholomew's Hospital, and remained there until January 1932.

A diagnosis of encephalitis lethargica was made on the C.S.F. findings. She apparently recovered, and remained well at home until September 1932 when, for no obvious reason, she had another "sleepy attack," and was admitted to the Swansea General Hospital. Physical findings were all negative (including C.S.F.), and a diagnosis of hysteria was made. She was soon discharged well.

In January 1933, she developed a trance-like state with sudden onset, and remained in bed at home for 6 weeks. She was not able to stand or to feed herself, but could ask for things which she wanted. The attack passed off quite suddenly, and she was able to go out shopping the day after she got up.

Towards the end of 1933 she became irritable and depressed, and would wander from room to room trying to locate a voice which she believed was calling to her. She became drowsy and lethargic, and was admitted to the Swansea General Hospital, as described.

*Summary of Observation in Hospital over a period of twelve months.*

Physical: Height, 4 ft. 9½ ins. Weight, 7 stone. Myopic. Dental caries. W.R. negative in blood and c.s.f. Blood picture (twice). Moderate lymphocytosis. Glucose

tolerance. Delayed curve. X-ray of skull normal. All other clinical and laboratory findings (including repeated complete c.s.f. examinations) normal.

*Mental*: General behaviour apt to be of the "poseur" type, with a tendency to "show-off" at physical drill. Friendly with others. On the fringe rather than in the centre of the Social Group. Says she is "quite happy." Content of thought is shallow. She describes herself as "an independent sort." No delusions, hallucinations or compulsive phenomena. Intellectual functions clear. I.Q. (Stanford revisions), 75. M.A. 12, moderate scattering. She has frequent narcoleptic attacks of two types: (a) "long ones" when she feels ill and/or worried or upset—these attacks last several days; (b) "short ones" which follow excitement, usually hearty laughter and are sometimes accompanied by cataplexy, described by patient as "weakness of the knees," and "afraid of falling."

Word association tests (in conjunction with the Psychogalvanometer) were done and showed (a) a degree of perseveration, (b) inner distractibility (Jung).

Psychogalvanic Reflex showed a general diminished affectivity with complex indicating responses connected with "mother," "drink," "naked" and "home."

*Comment.*—The most striking thing about these attacks of sleep, as personally observed, is their purposive defensive nature; and it is worthy of argument to consider how far they represent the best adaptation the patient can make; the best compromise she can reach with the environmental demands and biological demands which she is so poorly equipped to meet. Moreover, an analysis of the reasons for the poverty of this adaptative equipment offers considerable food for reflection. Admittedly her endowment is below standard; but would it not have carried her through had she been spared the psychic trauma of her mother's insanity? or was it some obscure infective condition of the C.N.S. that weighed the scales so heavily against her? After all she reached Standard VII at school in spite of her I.Q. of 75. There are many who become qualified nurses with no better intellect than this.

Does an Adlerian mechanism come into play: or may her sleepy attacks be a wish-fulfilling dissociative phenomenon? It seems to us that no single one of these is a satisfactory explanation of her condition; and that it is only when one approaches the case biologically from the point of common sense and the ordinary that one achieves satisfaction. The patient, who is of poor natural endowment, was ill adapted to face the ordinary stresses of life; and she sought to avoid them. When she was eventually forced into contact with the world she prospered so long as she was content with the relatively humble position of ward maid, but a natural ambition to better herself and possibly a "will-to-power" led her to adopt a nurse's career. Within a year she found herself faced by an obstacle, in the shape of an examination, which she feared was beyond her intellectual capacity, and, coincidentally, she suffered a disaster of great emotional moment; for the mother's certification meant not only the loss of the best-loved parent but also the disintegration of the home shelter she had sought so long. What reaction would one expect? Obviously, a defence reaction taking some form of dissociation. The dissociation took the form of pathological sleep because there was, in fact, an organic disturbance of the C.N.S., at that time, which predisposes to pathological sleep in any case. The initial reaction proved a successful biological defence and throughout the subsequent years she has avoided emotional stress by the formula "I am miserable—I feel ill—I must sleep." The thing has become a habit, probably in the neurological as well as in the behaviouristic sense. It might be regarded as a conditioned reflex. Thus she assures for herself withdrawal from reality, a period of amnesia and sympathetic interest together with the comfortable belief that she is the victim of some mysterious malady over which she has no control.

That pathological sleep can occur as a conditioned reflex to unpleasant emotional stimuli has been shown by Levin who has found it to follow the suppression of powerful reflexes "in persons with easily inhibitable brains." McCurdy also has drawn attention to the occurrence of lethargy in response to great emotion. In the case under consideration, however, there appears to be no suddenly precipitating emotional cause but rather a withdrawal from distasteful and fatiguing situations. Why are some attacks short and others long?

Kinnier Wilson has shown there to be a close association between the narcolepsies and epilepsy, one of his narcoleptic cases subsequently developing epilepsy. The epileptic heredity in this case, is therefore, very suggestive so far as the short attacks are concerned. Spiller has drawn attention to the occurrence of narcoleptic attacks as a post-encephalitic syndrome and this appears to be the most probable explanation of the short attacks and agrees with the abnormal sugar reactions and the lymphocytosis. The prolonged attacks can hardly be considered as epileptic variants, although their similarity to the vegetative existence of the mother may have some psychological significance.

The conclusion is drawn that had this patient not had an infective condition of the mid-brain five years ago she would not now be experiencing attacks of diurnal sleep; but, in view of her heredity and personality reaction type, she would almost certainly have achieved some psychotic form of reaction. In short, encephalitis appears to have saved her from a frank psychosis and the resultant picture is one of closely interwoven psycho-biological reactions.

6. *Treatment of Choreic States by Intra-Muscular Somnifaine.*—By Dr. MADELINE R. LOCKWOOD.

Continuing the work already reported on two cases of Sydenham's chorea, somnifaine narcosis was applied to three further cases with pronounced choreic movements. All were married women. One case showed chorea in a Schizophrenic setting and recovered completely; one showed chorea in the puerperium in a setting of gross confusion: she died from acute rheumatic endocarditis; and the third showed chorea in early pregnancy associated with mutism, refusal of food and complete inability to care for herself. The chorea ceased entirely after treatment, but the patient was removed from hospital against advice whilst still in a stuporose condition with mutism. She was developing a cardiac lesion.

7. *The Mental Hospital from the point of view of a General Practitioner.*—By Dr. T. A. F. TYRRELL. This novel contribution is submitted as a detached medical view of modern Mental Hospitals (the regular medical staff of the hospital do not necessarily associate themselves with the views expressed therein).

The writer, who has had some twenty years' experience of an ordinary mixed and extensive English country practice, was engaged as a Resident Clinical Assistant for a period of six months. At the end of that period, he sets forth his observations, criticisms and suggestions, as regards mental hospital services generally.

His paper, which is of considerable length was read at one of the usual clinical meetings of the hospital staff, and a valuable discussion ensued, which was found to be of material assistance to the medical staff as representing present-day methods of administration in mental hospitals and to Dr. Tyrrell as representing the average experienced general practitioner. This epitome is made from the original paper, which was written without any discussion with any member of the staff. The points here submitted are put forward as an illustration of how our present-day methods strike the general practitioner. The answers to them and the discussion at the Staff Clinical Meeting are not submitted here, as it is thought it would be of more value to put forward the entirely unbiassed view of such a medical man. It should be added that, in addition to his

experience at Swansea, the writer has, although not as a member of the staff, studied psychiatric methods at two other mental hospitals in this country and at one in Soviet Russia. In order to provide a contrast, the writer first sets forth his preconceived ideas on psychiatry and mental hospitals generally. They are as follows :—

(1) That the psychiatric education of the medical student need only consist of learning what sort of cases to “sign up” and how to sign them up.

(2) That there is no such thing as mental treatment, i.e., that people become insane, and if their conduct is sufficiently disordered, they are sent to a mental hospital where some of them recover and some of them do not in spite of anything that may or may not be attempted in the way of treatment.

(3) That mental hospitals were detached, gloomy places, in which custody and safety were the first and by far the most important requirements, and in which such things as seclusion, restraint and padded rooms necessarily abounded.

The above were the views held prior to close contact with actual psychiatric work of mental hospitals of to-day. The following points are those which now, in the light of his experience, strike the writer so far as Psychiatry and mental hospitals in general are concerned.

(1) The absence of gloom.

(2) The absence of an atmosphere of custody and restraint and the presence of a vigorous and active attempt at full investigation and treatment. One of the most striking effects of mental hospital treatment upon patients is seen within the first half-hour or so immediately following admission. The excited, disturbed patient is received into a comfortably furnished small room without any signs of hurry or hustle, and an absence of institutional formality. There is something quite uncanny in the dramatic alteration in the demeanour of the patient that may occur at this stage. As a general practitioner one sends in a restless, excited, uncontrollable individual, and somehow this same individual without any obvious reason is found to become quietly contented, and altogether different when inside the doors of the hospital.

(3) The presence of an atmosphere of what can only be called social ordinariness, i.e., the social atmosphere of the mental hospital community is not fundamentally different (despite the distorted mental health of its members) from the social atmosphere of any other group of individuals of similar social status in the outside world.

(4) The close resemblance of those wards in which there is active medical treatment (as opposed to other forms of treatment) to the wards of a general hospital, especially where there is female nursing on the male side.

(5) The surprising ease with which, by means of the proper working of the Mental Treatment Act, it is possible for the mentally sick to receive treatment, and the lack of general appreciation or at any rate, lack of general readiness to take advantage of such provisions.

(6) The fact that the young general practitioner of to-day appears to take more interest in psychiatric matters than his professional colleague of a generation ago.

(7) The strikingly minute way of physical examination and investigation by specialists in other branches of medicine under conditions in which a sense of institutional restraint is almost completely unobtrusive.

(8) It is surprising to find that there is any such thing as active treatment for mental disorders, the outstanding methods of the treatment being rest, drug therapy, occupational therapy, hydro-therapy and treatment by psychological and social means.

*Criticisms in general.*—It is difficult, from the point of view of a general practitioner to do other than endorse the general policy which seems to obtain in mental hospitals of to-day. Perhaps the most important single

criticism that is offered is that of medical staffing. Considering the amount of work to be done, the numerical strengths of staffs generally is inadequate. A criticism also offered in this connection is that it is too easy for men, untrained in the psychiatric sense, and often without having had experience as House Physicians and House Surgeons in General Hospitals, to become Assistant Medical Officers, and to have delegated to them, not only psychiatric work demanding a high degree of specialised skill but also the diagnosis and treatment of physical disorders which demand, for their proper management, a greater experience of general medicine than appears to be considered necessary in the case of many of those who were appointed as Junior Assistant Medical Officers. Inasmuch as rates of pay are favourable, there is a tendency for those who enter the service as Juniors to continue to stay in it without making special efforts to go to some clinic or university of international repute, and so befitting themselves as they would necessarily do in any other specialized branch of medicine to take those senior posts which demand a high degree of specialized training. One notes, however, that there is nowadays a tendency in certain quarters to encourage higher post-graduate study, and that the conditions for the obtaining of the Diploma in Psychological Medicine have recently been made such as to render that qualification a higher index of professional skill. One would like to see an extension of the study leave for junior Assistant Medical Officers. As the Medical Officers proper should be primarily specialized in mental diseases, they should, therefore, be relieved as far as possible of the necessity of treating serious physical illnesses when they arise, especially as so few of them appear to have had the necessary experience in general hospitals for doing this; and it is suggested that a well qualified Resident Medical man of status comparable with that of a R.M.O. of a good general hospital should be on the staff of a mental hospital. In making this suggestion one does not lose sight of the fact that some of the mental hospitals already have Visiting Specialists attached to their staffs, but it is a practical impossibility to call these in with such frequency as is, in the writer's opinion, desirable.

The second major criticism which is offered is what may be called the selfishness and secretiveness of Psychiatrists. They have a large amount of specialized knowledge which is not available to other members of the profession, and there seems to be a great reluctance on their part to impart such knowledge as evidenced by the relative infrequency of psychiatric discussion at learned societies at which general practitioners and others form the bulk of members.

#### *B.—Psychotherapeutic.*

*General Report.*—By Dr. J. S. I. SKOTTOWE, D.P.M., and Assistant Medical Officers. This work has been continued during 1934, and a special pair of rooms in the Admission unit have been set aside for the purpose, chosen for their quiet and detached position, for the use of both in- and out-patients. They are furnished in the manner of comfortable sitting-rooms, and one of them is equipped with a psychogalvanometer.

The broad general conclusion reached in the 1933 report is confirmed, and more precise data are now available as to the type of case likely to benefit by deep psychotherapy (*see report in out-patients above*).

While the work has not been in progress on an organised basis sufficiently long to justify the publication of conclusive statistical figures—as was pointed out last year, it is necessarily individualistic, intensive and difficult of expression in numerical terms—it would appear that in about 20 per cent. of cases of acquired adult mental illness, psychotherapy is the method of election. Of this group about four-fifths are psychoneurotics. The conclusion is reached that in a certain small group of undoubted early psychoses of the Schizophrenic and Affective types, psychotherapy can result in recovery. On the other hand, some apparently similar case

do not do well or may even be rendered worse. The clinical differentiation of those early psychoses which will benefit by psychotherapy from those which will not do so remains a matter for further research. The type of therapy used is exploration and persuasion on the lines of Dejerine and Ross.

The two cases reported individually (one a Schizophrenia, the other an Anxiety State) in the 1933 report were seen in November 1934, and both have remained completely free from symptoms, even under adverse environmental conditions.

The most striking case treated by psychological means during 1934 was a man of 27, who was seen as an out-patient, and in whom a diagnosis of Schizophrenia was made. His doctor was advised by one of us (I.S.) to have him admitted to the mental hospital for his area, but there was no accommodation available for voluntary patients in it. His doctor was then advised to send him to the Public Assistance Observation Wards for his district, but both the patient and his relatives objected. In response to a strong appeal from the family doctor, treatment as an out-patient was undertaken, much against our (I.S.) inclination, and purely in default of other methods. After six months' exploration the essence of the disturbance was revealed in that the patient had been actuated by an immature emotional state in seeking marriage, when his real object was to seek maternal protection. He was of good intellectual standing, and was able with persuasion to re-adjust himself to the situation in which he found himself. He is now free from objective symptoms; he only occasionally has subjective emotional discomfort, and he has been able to follow his employment since August 1934.

The lesson to be drawn from this case is that there is so far no clear clinical criterion by which suitability for psychotherapy in any given psychiatric case can be stated.

(C).—*Pathological and Biochemical.*

1. *Observations on Renal Function in a group of Mental Patients.*—By Dr. A. F. SLADDEN, M.A., Visiting Pathologist, and Dr. H. A. SHATZ.

The possibility of direct association between renal diseases and disordered mental states has frequently been considered, and in recent years contributions to the subject have been made by, amongst others, Stewart, Shera and Northcote.

The development of the Urea Clearance test of Van Slyke has provided a new and apparently better test of renal function for the clinician, and so the authors have applied this test to a group of 37 female mental patients, taken at random.

Forty-nine clearance tests in all were done, in 26 patients once only, and in the remainder on two or more occasions; 19 of these had good clearance (exceeding two-thirds of full normal), while in the remaining 18 clearance was, at least once, below the two-thirds level, though in 4 a second test later on showed satisfactory function.

In 14 cases therefore (nearly 38 per cent.) of this random series there was impaired renal function, and in 9 of these there was evidence either of albuminuria, casts or arterio-sclerosis; in the other 5 though clearance was lowered no physical signs of renal disease were discovered.

In summary, 18 cases with lowered clearance, 11 had evidence of renal or vascular disease, 7 had no evidence; 19 cases with good clearance, 3 had evidence of renal disease, 16 had no evidence.

There was no apparent correlation between advancing age and lowered urea clearance, but the 30/40 decade showed the highest proportion of defective clearance tests.

Possibly the lower proportions found after 40 years are due to elimination of nephritics by death before old age.

Analysis of results to ascertain any correlation between diminished urea clearance and any one type of mental disease gives negative results.

In the five main groups, melancholia (12), confusional insanity (8), stupor (4), schizophrenia, primary dementias and dementia praecox (7), and epilepsy (4), just under one-half of each group had urea clearance of under two-thirds normal, but no significant differences were found as between one group and another.

These observations therefore lend some support to the general thesis of Stewart and of Shera, that renal dysfunction is unduly common amongst mental patients. No correlation, however, has been found between advance of age and lowered function, nor has any one type of mental disease been found specially associated therewith.

Fuller details of these observations will be submitted for publication in due course.

2. *Routine Examination.*—This work is supervised by Dr. A. F. SLADDEN, M.A., Visiting Pathologist, and carried out by Mr. A. DIGNAM, Technician.

Examinations totalled 2,390 in all. Biochemical analysis of blood, cerebro-spinal fluids and urines totalled 1,334 of these, and Wassermann reactions 332, while haematological examinations accounted for 213.

Three cases of Flexner dysentery infection were detected and their exact classification in the group determined by absorption tests; they were V, X and W. strains, and as might be expected, no common epidemiological factor was found to associate the three.

Forty-three post-mortems were made out of a total of 53 deaths, and when desirable these were attended by the Visiting Pathologist.

A start has been made in the collection of pathological specimens for museum purposes.

Details of work done :—

Blood : Red and white cell counts and haemoglobin, 89 ; differential counts, 69 ; polynuclear analyses, 31 ; films for malarial parasites, 24 ; Wassermann reactions, 216 ; glucose estimations, 12 ; glucose tolerance curves, 27 ; Van den Bergh tests, 2 ; urea estimations, 51. C.s.f. : Wassermann reactions, 116 ; colloidal gold curves, 118 ; protein estimations 110 ; globulin tests, Pandey, 112 ; Nonne-Apelt, 112 ; cell counts, 110 ; chloride estimations, 3 ; glucose estimations, 4. Urines : Routine, 606 ; microscopy, 102 ; test for ketosis, 96 ; sugar estimations, 32 ; urea estimations, 42 ; urea concentration tests (Macleay), 1 ; Zondek-Ascheim test (done by Dr. Sladden), 1. Bacteriological : sputum for t.b. and general bacteriology, 17 ; pus and discharges, 18 ; throat swabs, 14 ; exudates of teeth and gums, 20 ; urine, 29 ; faeces, 62 ; c.s.f. 2 ; blood cultures, 2 ; water samples, 4 ; vaccines, 7 ; agglutination tests, 25 ; absorption tests, 7. General : fractional test meals, 5 ; faeces for occult blood, 5 ; histological sections, 43. Post-mortem examinations, 43 (81 per cent. of deaths). Of the Wassermann tests, 23 sera and 20 c.s. fluids were positive. No tubercle bacilli and no diphtheria was found during the year.

3. *The Amylolytic Power of the Cerebro-spinal Fluid.* By Dr. N. MOULSON (*Journal of Mental Science*, October 1934, pages 684-691).

4. *Dental Toxaemia.* (Continued from 1933.) By Mr. HORACE BOYLE (Visiting Dental Surgeon) and Dr. T. A. F. TYRRELL (Resident Clinical Assistant).

Certain authorities have emphasized the importance of inborn factors in the production of neurosis and psycho-neurosis and certain degenerative conditions of the nervous systems which have been designated in the collective term of Abiotrophies.

It is possible that Abiotrophies result in an enfeebled resistance to the action of certain toxins of dental origin and that important conclusions may be drawn from an exhaustive examination of blood changes in certain cases of Schizophrenia.

This work seeks to discover whether there is any parallelism between the oral state, the blood picture and the psychiatric symptoms. The research consisted of detoxication of certain cases of Schizophrenia and

other mental illnesses. A series of cases were taken. A thorough oral examination was made in each case, including direct film examination, bacteriological culture of predominant organisms and radiographic examination by the use of extra oral films. Exhaustive clinical notes were made in each case. Blood culture was thought to be unnecessary, but blood counts were made before treatment commenced (when possible at a fortnight's interval before treatment). The patients were under standard conditions of routine, and were on the standard hospital dietary. The treatment adopted consisted of the extraction of small groups of teeth at intervals of fourteen days. In each case the whole of the teeth were removed in eight treatments.

So far one has noticed very definite indications in the cases already worked on that the removal of dental septic foci does result not only in an improvement of the blood picture but also in the mental condition of the patient. A series of case reports will be completed on the mental condition of the patient before and after this treatment. At present the work has not proceeded sufficiently far to allow any specifically detailed conclusions to be drawn.

#### LXIII.—FROM THE WEST HAM BOROUGH MENTAL HOSPITAL.

*Laboratory Report.*—Communicated by the Medical Superintendent.

The following is a summary of the routine laboratory work carried out during the year :—

Wassermann reactions: blood, 85; c.s.f., 27. Lange colloidal gold test, 33; colloidal gamboge test, 9; microscopic examinations of slides and tissues, 48; blood counts, 4; urine examinations, 203; sugar examinations, 35; albumin examinations, 8; post-mortem examinations, 39.

An investigation of the relationship between protein sensitization and epilepsy is being carried out, but the work has not yet been completed.

#### LXIV.—FROM THE BARNWOOD HOUSE HOSPITAL, GLOUCESTER.

*General Report.*—By Dr. A. A. D. TOWNSEND, Medical Superintendent.

*Focal Sepsis.*—Four cases were examined by Dr. E. N. Davey, employing the pathogen selective technique. These gave no definite indications for treatment.

*Schizophrenia.*—The case recorded last year of a patient of the Schizophrenic type suffering from recurrent attacks of confusion with marked excitement, has been fully investigated, and it has been found there is interior sympathetic stimulation accompanying the excitement with increased pulse rate, raised blood pressure, increased chloride output, dilated pupils and glycosuria. Maximum doses of eserine had no effect, whereas acetyl choline is found to abort the acute attacks and quinine hydrobromide to act as a sedative.

*Routine Laboratory Work.*—The following is a summary of the examinations carried out during the year :—

Urines: routine, 353; estimation of chlorides, 256; urea estimations, 11. Blood: total counts, 33; sugar, 4; urea, 3; calcium, 4; glucose tolerance curves, 2; Wassermann reactions, 3. Faeces: occult blood, 12. Bacteriological: throat and nasopharyngeal swabs, 6; urine, 5; faeces, 6; teeth, 1. Histology: uterine scrapings, 1.

#### LXV.—FROM THE BETHLEM ROYAL HOSPITAL.

*Report on Research Work.*—By Dr. J. G. PORTER PHILLIPS, F.R.C.P., Physician Superintendent.

A.—*Pathological Department* (Dr. C. LOVELL, M.C., Pathologist).

In keeping with expectations the work of the laboratory continues to increase steadily, this being noticed mainly in biochemical estimations

which numbered 212, whilst the total number of clinical investigations was 1,532.

Routine Wassermann reactions were 180, and V. den Bergh tests 146. Complete examination of the cerebro-spinal fluid was required in 29 cases.

The number of autopsies (three) was exceptionally low, but the cases were of great value medically. In the course of research work four animal experiments were necessary, and these were carried out at University College Hospital Medical School.

It is interesting to record the fact that pathological specimens have been exchanged from time to time with other hospitals.

A demonstration dealing with the physical factor in mental disease was given to the Students of the Medico-Chirurgical Society of the University of Glasgow, on the occasion of their visit to London in March.

At the annual meeting of the British Medical Association held at Bournemouth in July, an exhibition of specimens, photographs and charts was arranged in the Science Section. Our thanks are due to Dr. Morse and his committee for their effective display of our specimens. Dr. Morse has presented to our museum a brain tumour of great interest.

*Research Work.* Dr. J. S. Adamson has conducted an investigation into salivary in relation to endocrine activity. Estimation has been made of the tyrosin equivalence of the serum albumin in a number of cases.

An attempt is being made to treat cerebral oedema by a controllable method; the result if successful will open up another hopeful aspect of treatment.

The albumin "globulin ratio" has been observed in a series of cases and a new method of measuring the protein constituents of the cerebro-spinal fluid has been worked out and is on trial. Further progress has been made with our work on the reticulo-endothelial system.

#### *B.—Psychological Department.*

*Spearman Factors.* Papers reported last year were published in the *British Journal of Medical Psychology*. Vol. XXLV, Part 2, June 1934, pp. 101-135.

*An analysis of perseveration tests with special reference to Schizophrenic conditions.* By Miss E. M. McDONNELL, M.A. (Thesis approved for M.A. London 1934.)

*Empirical Results.*—(1) Extremely high *p*-score, however caused, seems to indicate some fundamental disintegration of personality. No patient who had reached convalescence gave a high *p*-score. (2) Though high score seems synonymous with illness, moderate score need not be synonymous with health. Two cases who were far from convalescence gave average scores. (3) The maintenance of a constant *p*-score was usually indicative of absence of marked clinical change. There was a tendency for any change in *p*-score to be associated with clinical change. In one outstanding case a considerable change in *p*-score obtained while the patient's condition seemed unchanged, was followed by a rapid, good recovery. (4) High scores were not all explicable by the concept of high native inertia. Deterioration of "g," extreme fatigue and extreme lack of co-operation were observed to produce high *p*-scores.

*Theoretical Considerations.* It would seem that with schizophrenic patients *p*-tests measure not only inertia but "w." In extreme cases of illness they give a quantitative indication of the disintegration of "w."

*Association Tests with Psychotic Patients.* By R. J. BARTLETT, M.Sc., Assistant-Director. (From paper read before Psychological Section of British Association, September 1934.)

Five tests in Free and Controlled Association were given to 29 psychotic and 14 normal subjects.

With linked Free Associates the scores (words given in a minute) of the best patients approximated to lower quartile scores of the normal subjects, while most fell below the worst normal score. The median psychotic score was 44 per cent. of the median normal, showing a difference which was 13.7 times its probable error.

With Controlled Associates the difference between median values varied from a small amount not statistically significant in the case of writing "words beginning with 'S'" to a difference 11.5 times its probable error for writing "opposites."

With single Free Associates, patients' times varied from a record with interquartile range of 1.2 in.-1.8 in. with longest time of 2.2 sec. to one with interquartile range of 8.5 in.-16.2 in. and longest time 53.2 sec. On repetition yet longer times were registered.

Small, but significant, correlations were obtained between physician's estimates of degree of abnormality and test scores.

*Sleep, Hypnosis and Mediumistic Trance.* By Dr. WILLIAM BROWN, F.R.C.P., Director. (From a first report in *Character and Personality*. Vol. III, No. 2, December 1934.)

In an experimental investigation of trance and hypnotic states of the medium Mrs. E. Garrett the following results were obtained :

(1) In normal waking life Mrs. Garrett's memories of childhood include those of three imaginary playmates. Under hypnosis their names were obtained and they were identified as two cousins who had died before her birth, and whose photographs she had seen, and a neighbour's child who was drowned.

(2) In mediumistic trance her principal control purports to be an Arab named Uvani. Under hypnosis she seemed to link him with an Arab named Yusof who was apparently a friend, or son of a friend, of her long dead father.

(3) In trance Uvani can be called up in a few seconds. All attempts to secure him under hypnosis were unsuccessful.

(4) Knee jerks and other tendon reflexes remained undiminished, however deep the hypnosis produced.

#### LXVI.—FROM ST. ANDREW'S HOSPITAL, NORTHAMPTON.

*General Report.*—By Dr. D. F. RAMBAUT, Medical Superintendent.

Wantage House continues to be a most valuable unit in the work of the hospital. Its laboratories, X-ray and electrical departments are in constant use, not only for patients residing at Wantage House but also for an increasing number of patients from the main hospital. It has on several occasions during the past year been found expedient to admit patients from the main hospital to permit of a thorough examination. No case, whether from the main hospital or any of its villas, is denied temporary admission to Wantage House when it is felt that such residence would be of value in the investigation of illness.

There were 40 new admissions to Wantage House during the year, irrespective of a number of patients who were transferred from the main building. Of this number 22 have been discharged to convalesce in our villas or in their own homes.

The recent acquisition of extra villas has been well justified, as by their use a number of our patients are finding the transition from hospital to their homes a less critical change. This is particularly evident in the reclusive introspective type of patient who needs much subtle encouragement before he or she is able to resume normal social relations.

A.—*X-Ray Department.*—By Dr. D. J. O'CONNELL and Mr. E. TRANMER.

During 1934, 135 patients were examined radiographically of whom 45 had radiograms taken of the teeth. Bite-wing films were used in most cases and have been found of great assistance in the detection of early dental caries. Altogether 249 radiograms were taken during the year. Stereoscopic antero-posterior and lateral X-rays of the head have been carried out on all admissions with a view to the discovery of sinus infection and where any doubt existed the assistance of Mr. Broughton Barnes, F.R.C.S., consulting oto-rhino-laryngologist to the Northampton General Hospital, has been secured. No case of sinus infection was detected during 1934.

We have recently found the use of Uroselectan B. of great value in estimating the extent of destruction of the kidneys in cases of renal disease in which the previous history has been indefinite. This method not only gives an indication of the correct mode of treatment but also enables a prognosis to be made.

One X-ray examination which is unusual in mental hospital practice may be cited: Mrs. X. was admitted to Wantage House with an indefinite history of pregnancy and suffering from an acute confusional insanity associated with pregnancy pyelitis. She was restless and resistive, and because of certain hallucinations and delusions she would not permit of any manipulative examination. However she consented to, and co-operated in, an X-ray examination which revealed an abnormal position of the foetus. By means of these pictures it was possible to appeal to the patient's reason, and thereafter she permitted manipulative correction of the abnormal presentation. Spontaneous delivery, without complications, of a healthy, full term child resulted. Subsequently both the pyelitis and the consequent mental confusion cleared up and the patient was discharged recovered. In the treatment of the *B. coli* pyelitis an autogenous vaccine was given which appeared to influence favourably the course of the illness, both mental and physical.

B.—*Electrical Department.*—By Dr. D. J. O'CONNELL.

Thirty-four patients were treated in the electrical department during the year, the total number of treatments being 466. Artificial sunlight was given to 26 patients, each of whom received an average of 16 treatments. Diathermy was used for 9 patients, each of whom received 6 treatments. Three patients received 3 doses each of radiant heat therapy; and 2 patients underwent treatment by high frequency, each having 21 treatments. While it cannot be claimed that any form of electrical treatment is a specific for any form of mental disorder, it is, nevertheless, of undoubted value in the treatment of concomitant illnesses and in raising the physical resistance of debilitated patients.

C.—*Hydrotherapeutic Department.*—By Dr. D. J. O'CONNELL.

The prolonged immersion bath has been found to be by far the most effective means at our disposal in the treatment of restlessness and mental exaltation. These baths are in daily use, and the results of this treatment have been most satisfactory. The comfort of the patients has been much enhanced by the use of head-rests, which allows of more complete relaxation and obviates the necessity for voluntary effort on the part of the patient to keep his head out of the water, and allows him either to read or sleep as he desires.

It has been found expedient to build a small additional hydrotherapeutic department on the ladies' side of Wantage House adjoining the rooms set apart for the isolation of the more noisy patients. Thus it will no longer be necessary for the noisy patients to pass through the ward in order to reach the hydrotherapy department.

We have found the Turkish and Russian baths most helpful in the treatment of depressed patients.

D.—*The Laboratories.* By Dr. RUBY O. STERN and Mr. C. WEBB.

The number of examinations made during 1934, and of which details are appended, was 2,576.

1. *Biochemical.*

Blood counts : full, including estimation of haemoglobin, red and white cell count and differential leucocyte count, 191 ; leucocyte and differential counts only, 33. Blood : estimation of calcium, 63 ; of alkali reserve (Van Slyke), 55 ; of urea, 92 ; of sugar, 90 ; of non-protein nitrogen, 63 ; of phosphates, 7 ; of uric acid, 3 ; of cholesterol, 214 ; of the Van den Bergh reaction, 53. Cerebro-spinal fluids : cytological and chemical examination, 23. Fractional test meals, 39. Glucose tolerance tests, 53. Urines : twenty-four hour specimens for qualitative and quantitative examination and for microscopy, 849 ; single specimens for a complete examination, 94. Faeces : biochemical and microscopical examination, 67. Vomited material : chemical and microscopical examination, 4. Kahn reaction : on bloods, 61 ; on cerebro-spinal fluids, 20. Friedman biological test for pregnancy, 2.

2. *Bacteriological.*

These examinations numbered 131, comprised as follows :—

Cultures of : faeces, 61 ; resting gastric juice, 39 ; urines, 11 ; throat, 9 ; pus, 7 ; blood, 1 ; teeth, 3. Sputum examinations, 12. Thirty-nine autogenous vaccines were prepared : from faeces, 36 ; from resting juice, 2 ; and from a tooth, 1.

3. *Histological.*

There were sectioned 318 blocks of tissue, comprising 249 celloidin blocks and 69 paraffin blocks.

Eight post-mortem examinations were carried out during the year. Four of these were of somewhat unusual interest and are being described elsewhere in this report. Full histological examination of every case which came to post-mortem was made, and the system of illustrating the post-mortem register with photographs of the pathological findings has been continued.

During the year the Friedman biological test for pregnancy was introduced into the laboratory and was performed for a patient whose symptoms were indefinite and who was too resistive to permit of a clinical examination. The negative result was later confirmed when the patient had recovered sufficiently to be co-operative.

Work on the variations of the cholesterol content of the blood has been continued during the past year. Over a hundred patients have been investigated, necessitating 214 estimations. Evidence is slowly accumulating that the age factor is one which must be taken into consideration when interpreting the differences found in the cholesterol content in various psychoses. It is hoped shortly to publish some of the results of this work.

Feeding experiments on animals are still in progress and the examination of the nervous tissues of some of the animals has been begun.

A survey was made of the last 300 gastric analyses performed with a view to ascertaining the relative incidence of achlorhydria. This work was extended to an investigation of co-existing anaemia, and a summary of the paper founded on this work is given on p. 137.

E.—*Disorders of the Parathyroid Glands Associated with Abnormal Emotional States.* By Dr. D. J. O'CONNELL.

Hyperthyroidism has long been known to be accompanied by an emotional state of apprehension, or infrequently, by one of elation. But, so far as I am aware, no study has yet been made, in this country at least, of the psychical features associated with disease of the parathyroids, the probable reason being the rarity of the condition and the difficulty of its detection without biochemical investigations. During the past year a male patient was admitted to Wantage House with signs and symptoms

suggestive of parathyroid tumour and with the mental picture of involutional melancholia. The salient features of his case were as follows :

Mr. F., aged 59, was admitted on May 26th, 1934, as a voluntary patient. There was a history of mental depression for one year, but otherwise his life had been free from illness, both mental and physical. On examination he was poorly nourished, athletically built, and on inspection, several exostoses were apparent about the sterno-clavicular joints. The heart was normal, the blood pressure was 145/90 ; pulse 72 per minute, regular, soft. No arterio-sclerosis was evident. No abnormalities were detected in the respiratory or digestive system. The nervous system was also found to be normal.

Mentally he was depressed and emotionally facile. He would weep when spoken to and expressed many ideas of unworthiness. He believed that he had led a most wicked life and that the bony outgrowths were the result of his youthful sexual indiscretions. His entire conversation consisted of expressions of regret, of his misery and of his despondency. He considered his condition hopeless, but although he admitted contemplating suicide he had never attempted it.

*Relevant laboratory findings.*—June 1st, blood serum calcium 13·2 mgm. per cent. ; June 26th, cerebro-spinal fluid calcium 5·0 mgm. per cent. ; August 14th, blood calcium 14·1 mgm. per cent. ; August 28th, blood calcium 11·6 mgm. per cent. ; September 11th, blood calcium 11·0 mgm. per cent. ; blood phosphates 3·5 mgm. per cent. ; November 2nd, blood calcium 11·6 mgm. per cent. ; blood phosphates 3·15 mgm. per cent. It will be seen from these figures that the blood calcium content was persistently above normal, although on the occasions on which the blood phosphates were examined these were found to be normal.

*X-ray examination* revealed cystic outgrowths at the sternal end of both clavicles. Similar outgrowths were present around the ischial tuberosities. There also appeared to be a general rarefaction of all the long bones consequent upon a generalized decalcification.

During September the patient was seen by a consulting surgeon, who gave his opinion that there was not sufficient evidence on which to diagnose a tumour of the parathyroids.

During the latter part of November another surgeon was called into consultation to consider this diagnosis again. He was satisfied that a parathyroid tumour existed, and further stated that those parathyroid tumours on which he had operated had had mental symptoms of depression. The patient was accordingly transferred to this surgeon's care and has since been operated on.

Further investigation on the calcium balance was carried out before operation, and this showed that the patient was excreting more calcium than he was ingesting. At operation, however, no tumour was discovered. Whilst this result was somewhat disappointing, it must be remembered that these tumours are sometimes in inaccessible areas behind the oesophagus or in the upper part of the chest and also that a few cases have been recorded in which the chemical and radiographical evidence of hyperparathyroidism has been indisputable, although no tumour could be found on operation. It must be assumed that the case under discussion must be placed in one or other of these categories.

It is quite possible that the association of a parathyroid tumour with symptoms of depression is nothing more than a mere coincidence, but in view of the fact that endocrine function and emotional expression are co-ordinated, it was thought worth while recording.

F.—*Some Difficulties in the Diagnosis of Physical Disorders in the Insane. Illustrated by Four Cases.*—By Dr. J. McLEMAN, Dr. B. F. M. BOND and Dr. R. O. STERN.

The well-recognized fact that psychotic patients may suffer from serious organic disease without uttering a word of complaint by no means constitutes the only difficulty in the diagnosis of such diseases. As Hall has

recently pointed out, physical signs may be slight, or even absent in the presence of grave medical or surgical conditions which, in the mentally normal, are accompanied by an unmistakable clinical picture. If this be the case in such common disorders as appendicitis and gastric ulcer, to take only two examples, there is small chance that rarities will be diagnosed in psychotics during life, even with the aid of such accessory methods of examination as X-rays and laboratory investigations.

During the past year four cases came under observation in which the physical diagnosis during life was doubtful. As all these cases came to post-mortem it was thought they were of sufficient interest to record briefly as the conditions revealed at autopsy were somewhat unusual.

#### CASE 1.

Mr. R., aged 82 years, had been insane since 1888. He was transferred to this hospital in 1929 in a state of secondary dementia. He then had arterial and myocardial degeneration, but there were no signs of active heart disease. For the last two years of his life he was bedridden, and so demented that he was unable to notice any change in his physical well-being.

His terminal illness began on July 15th, 1934 with a rigor, followed by high fever. The heart sounds became almost inaudible and crepitations appeared at both bases. He gradually became unconscious and died on July 20th, without developing any further signs, except that there was some diminution in the quantity of urine passed. Examination of the urine the day before death showed a large amount of albumen, many granular casts, a few pus cells and coliform bacilli.

At post-mortem which was performed on July 20th, the essential lesions were found in the heart and in the kidneys.

The heart was enlarged and weighed 14 ounces. The muscle was red and firm and the left ventricle was hypertrophied. On the left cusp of the aortic valve there was a mass of vegetations about the size of a sixpence. This mass was not friable, but neither was it hard and fibrotic. It puckered the margin of the valve. No other vegetations were present. There was only very slight atheroma of the cusps of the aortic valve and of the proximal part of the thoracic aorta. The coronary arteries were patent and their orifices not narrowed.

The kidneys both presented the appearance of the "flea bitten" kidney of multiple petechial haemorrhages. These were scattered over the surface, and on section many more tiny haemorrhages were seen just under the surface. The cortex was greatly diminished and the markings were indistinct.

In the right lung many alveoli in the lower lobe were dilated, giving a bullous appearance. On section of this lung a little clear frothy fluid could be expressed. The left lung appeared well aerated throughout.

The brain and spinal cord were normal to naked eye inspection and there was nothing abnormal to note in the other organs. No focus of recent infection to account for the multiple emboli could be traced.

Microscopical examination revealed an area of acute inflammation in the vegetation from the aortic valve in which polymorphonuclear leucocytes and diplococci could be seen. Miliary abscesses, also of recent date, were present in the cortex of both kidneys, but the right kidney was more extensively involved.

During routine examination of sections from the frontal region of the cerebral cortex many miliary abscesses were found around the cortical vessels, both in the grey and the white matter. In sections stained by Gram's method it was possible to identify Gram positive diplococci amongst the pus cells.

*Comment.*—The unusual features of this case were the age of the patient, malignant endocarditis being typically a disease of young adults; the absence of signs and symptoms; and the absence of any discoverable primary focus of infection or previous valvular disease of the heart.

#### CASE 2.

Mrs. T., aged 58 years, was admitted on October 16th, 1934. Her mental illness commenced on September 27th, two days after the death of her husband. The first symptoms of mental trouble were amnesia and loss of appetite. Her mental illness progressed rapidly to a state of acute confusional insanity. Pyrexia was absent until shortly before admission.

When examined on admission she was delirious with a temperature of  $101.4^{\circ}$ , a pulse rate of 104, and a respiratory rate of 26 per minute. There was much wasting

of recent onset, a high colour, sweating, and a blood count showed 11,700 leucocytes per c.mm. with 80 per cent. polymorphonuclears. She was obviously seriously ill, yet physical signs were very few. The chest showed two or three small patches of consolidation of the lungs. The heart was normal. There was a certain amount of rigidity of the upper recti and deep pressure here caused flinching, but the signs were no more than those often met with in pneumonia. The liver was not palpable and the abdomen was otherwise normal. The lower abdominal muscles were flaccid and moved normally.

During the next week her condition rapidly deteriorated. She ran a temperature varying from 100° in the morning to 102° in the evening. The pulse rate remained just over 100 and the respiratory rate rose to between 60 and 70. The physical signs in the chest became even less evident and no further signs appeared in the abdomen or elsewhere. Many laboratory tests were performed but failed to throw any further light on the condition. The only possible diagnosis was broncho-pneumonia, in spite of the paucity of signs in the chest. The temperature rose rapidly to 105° just before death, which occurred on the evening of October 22nd.

At the autopsy, which was performed on October 23rd only slight pulmonary lesions were found. Although partial consolidation of both lower lobes had occurred, portions from all parts of the lungs floated in water. Small beads of pus were expressed from the lower lobes. On opening the abdominal cavity a number of small yellow protruberances, each about the size of a cherry, were seen on the surface of the liver. On incising these, yellow pus poured out. Further incisions into the liver disclosed an organ riddled with pus-containing cavities. Pus was collected with sterile precautions from one of the abscesses and direct smears showed a short chained streptococcus. Culture gave a diplococcus and a staphylococcus, the latter probably being a contaminant. The portal vein was found to contain nothing but pus which was traced backwards to the small tributaries of the vein. The appendix was normal, both to naked eye inspection and histologically. Dissection of the rectum revealed a large pile-bearing area which was excised for microscopy. The other organs did not present any abnormalities other than those associated with prolonged pyrexia.

Microscopically the cause of the portal pyaemia was demonstrable in the piles. These had thrombosed and in many areas evidence of recent inflammatory changes was present, there being numerous polymorphonuclear leucocytes amid the thrombosed veins and newly formed fibrous tissue.

*Comment.*—In this case a woman, aged 58, died with symptoms of broncho-pneumonia, and at autopsy an unexpected finding was an extensive portal pyaemia which had originated in a thrombosed pile and which had produced very large coalescent abscesses in the liver.

Careful subsequent questioning of the relatives revealed the fact that the patient had had "an attack of piles" several months previously but none since. In August 1934 she had had an illness described as "gall bladder trouble."

### CASE 3.

Miss G., aged 69 years, had been a patient in the hospital since 1932. Her mental state was one of chronic melancholia. At the time of admission physical examination was completely negative, but in May, 1933 she complained of abdominal pain. Examination then disclosed a hard mass in the right hypochondrium and tenderness in the epigastrium. A bismuth meal showed an apparent filling defect in the stomach which was strongly suggestive of carcinoma ventriculi. Cholecystography revealed a normally filling gall bladder grossly distorted by a mass in the left lobe of the liver which suggested a metastatic growth. The diagnosis was further supported by a fractional test meal which showed complete achlorhydria and by a blood count which showed a fairly severe anaemia of three and a half million red cells and a colour index above unity. (In advanced carcinomatosis, especially if metastases have occurred in bone it is not uncommon to find an anaemia with a high colour index.) Owing to the collapsed veins it was not possible to obtain blood for a biochemical examination.

Contrary to our expectations this patient's symptoms improved until the autumn of 1934, although the tenderness in the epigastrium persisted. It was difficult, on account of this tenderness, to palpate the mass previously felt.

There was progressive loss of weight down to just over five stone shortly before death, at which stage her complexion became sallow and yellowish, her eyes sunken and her whole appearance that of cancerous cachexia. Her appetite was very poor until six weeks before death when it surprisingly improved and food no longer caused exacerbations of pain. There was never any vomiting, but constipation was marked resistant to the usual remedies. The absence of further evidence of carcinoma of the

stomach was attributed to the mental state. Death took place on November 19th, 1934.

At the post-mortem next day no evidence of malignant disease of the stomach or other viscus was found. The tender mass in the right hypochondrium was a large congenital cyst of the liver, nearly the size of a tennis ball. Other smaller cysts were scattered over the surface of the liver. No other organs contained cysts. The stomach appeared perfectly normal. The liver, spleen and kidneys were tested for the presence of free iron in case the blood picture had been that of an uncommon form of pernicious anaemia, but these tests were negative and there was also no evidence of sub-acute degeneration of the spinal cord. The heart was pale and the musculature was flabby, but there were no fatty changes in it. The conclusion was reached that the blood picture was that of a senile hyperchromic anaemia, unrelated to pernicious anaemia and that the patient died from myocardial degeneration.

(This case is being reported in the paper on "Achlorhydria in the Psychoses with Special Reference to Coincident Anaemia," referred to on page 137.)

*Comment.*—The post-mortem in this case did not confirm the diagnosis which from clinical observation, X-ray examination and laboratory tests had appeared indisputable. The presence of such a lesion as an enormous congenital cyst of the liver could hardly have been anticipated during life, even had all the evidence not pointed to a diagnosis of carcinoma of the stomach.

#### CASE 4.

Mr. D., aged 74 years, was admitted to hospital on December 5th, 1934, in a condition of arteriopathic dementia. He had advanced generalized arteriosclerosis. His blood pressure was raised, 180/122. The urine contained a trace of albumen and the blood urea was 85 mgm. per cent. He had incontinence of urine, not suggestive of retention overflow, but attributable to his mental condition. There was a constant purulent nasal discharge which on examination, was found to be due to large nasal polypi and an infected left maxillary antrum. An operation for removal of the polypi was considered necessary in spite of his poor physical state and this was performed on December 20th under evipan sodium anaesthesia. The only difficulty experienced during operation was the customary free haemorrhage associated with this operation which was controlled by nasal plugging. The patient began to rally after operation, but he never fully recovered consciousness and died twelve hours later in a condition strongly suggestive of uraemia.

At autopsy there was little to account for death until the abdominal cavity was opened, when, in place of the kidneys, we found two thin-walled sacs, each containing a large quantity of clear, uninfected urine. On the right side there was no trace whatever of kidney tissue. The right ureter was widely dilated at its origin and its muscular coat was greatly hypertrophied. On the left side a very small amount of recognizable kidney tissue was present at the upper pole; otherwise the appearance was similar to that on the right side. Both ureters were patent throughout their extent. The bladder was sacculated, stretched and thinned in several places, where the wall consisted of a peritoneal coat only. It was much distended with urine. No obstruction whatever could be found distal to the bladder. There was no stricture of the urethra and no evidence of previous obstruction. The prostate was normal.

The arteries of the brain were grossly atheromatous and of pipe-stem consistency. In the brain several small recent softenings were present in the anterior part of the right thalamus and two older ones in the white matter of the right lateral lobe of the cerebellum. The heart was not unexpectedly enlarged and hypertrophied. It weighed 15 ounces. The lungs were somewhat congested, and on the left side there were old adhesions between the pleura and the chest wall.

In microscopical sections of the kidney tissue remaining, the majority of the glomeruli were found to be completely sclerosed, being represented by knots of fibrous tissue. There was no evidence whatever of an inflammatory lesion, acute or chronic.

*Comment.*—The autopsy in this case presented two problems: the first how the patient had lived so long, apparently in good physical health, with only a trace of kidney substance; the second, the cause of the bi-lateral hydronephrosis and sacculatation of the bladder. We were unable to solve either.

G.—*The Effect of Prolonged Administration of the Barbiturates on the Van den Bergh Reaction.*—By Dr. B. F. M. BOND.

In the recent controversy on the toxic effects of prolonged administration of the barbiturates, many reports have been published on the results of clinical tests. These tests have taken various forms, but so far the Van den Bergh reaction has not been taken as an index of liver damage in this connection, though Ravn of Copenhagen has published a series of cases in which the bilirubin content of the urine was estimated.

The multiplicity of liver function tests demonstrates the impossibility of any one test being specific for the estimation of slighter degrees of damage to that organ. All that has been attempted so far in this investigation has been to try to determine whether the pigmentary function of the liver has been in any way affected by the use, over a long period, of drugs of the barbiturate group. Only medinal and dial have been used to any extent in this hospital and the patients investigated have been on one or other of these two drugs.

It was decided to test only those patients who had been on barbiturates for a minimum period of twelve months, though very few had been on these drugs continuously for such a long period. Consequently, the large majority of patients had been on barbiturates for a number of years, which included periods during which they had had no drug of this group. The maximum period of administration (not consecutive) was found to be 78 months, but the majority of patients had had an average daily dose of  $7\frac{1}{2}$  to 10 grains of medinal or 3 grains of dial over periods of between 15 and 35 months. All cases of known physical disease or of senility were excluded. As controls, patients of approximately the same age, physical condition and period of residence in this hospital, but who had at no time taken drugs of the barbiturate group, were included for investigation.

The results are most conveniently expressed in tabular form as under. In every case the direct reaction was negative; the results refer to the indirect reaction only:—

				No. of Cases.	Average Age.	Positive Results.	Percentage.
On barbiturates	...	M.		22	40	12	54·5
			F.	27	48	7	25·9
Total		...		49		19	38·8
Controls	...	...	M.	11	42	2	18·2
			F.	9	50	2	22·2
Total		...		20		4	20·0

This small series therefore confirms the findings of other investigators that derangement of at least one function of the liver may occur as a result of prolonged administration of the barbiturate group of drugs. Two noteworthy features emerged from these results: firstly, the preponderance of positive results amongst male patients as compared with the females; secondly, that duration of administration is of less importance than the susceptibility of the particular patient, since patients who had been on medinal for 50, 60 and even 70 months gave negative results, whilst others, after 12 months only, were positive. Similarly, the age of the patient is apparently of no importance.

It is proposed to carry out further liver function tests on the cases which gave positive results.

H.—A Note on the Successful Control of Epileptic Fits.—By Dr. H. J. EUSTACE.

A note appeared in the annual report for 1931 on the successful control of epileptic fits in Mr. L., now aged 75, a homicidal epileptic, first certified

in 1900 owing to outbursts of epileptic furor. The fits had dated from childhood.

The last fit recorded was on January 23rd, 1934, so that a whole year has now passed without a fit of any kind. There was, however, an epileptic equivalent lasting four days (May 22nd to May 25th, 1934), during which time the patient was in a state of furor.

The following table shows the annual incidence of fits since 1915. They are graded into two groups according to their severity :—

Year.						No. of Major fits.	No. of Minor fits.
1915	...	...	...	...	...	49	361
1916	...	...	...	...	...	47	284
1917	...	...	...	...	...	49	366
1918	...	...	...	...	...	44	365
1919	...	...	...	...	...	29	421
1920	...	...	...	...	...	29	537
1921	...	...	...	...	...	30	421
1922	...	...	...	...	...	27	403
1923	...	...	...	...	...	17	448
1924	...	...	...	...	...	11	427
1925	...	...	...	...	...	25	318
1927	...	...	...	...	...	22	607
1928	...	...	...	...	...	27	780
1929	...	...	...	...	...	24	869
1930	...	...	...	...	...	22	938
1931	...	...	...	...	...	14	89
1932	...	...	...	...	...	7	5
1933	...	...	...	...	...	6	1
1934	...	...	...	...	...	2	—

During the years 1915 to 1930 there was a progressive decrease in the number of major fits from 49 to 22 yearly. The number of minor fits had, however, nearly trebled in the same period from 361 to 938 yearly.

In October 1930 treatment by Luminal soda and Sedobrol (sodium bromide) was started, with a consequent marked reduction in both major and minor fits. At this time the amounts given were : Luminal soda,  $1\frac{1}{2}$  grains daily (in two doses) ; Sedobrol cubes, 3 daily (in two doses), equivalent to 45 to 60 grains of sodium bromide. At the present time the treatment is : Luminal sodium, 1 grain twice daily ; Sedobrol, 1 cube daily (equivalent to 10-15 grains of sodium bromide).

Mentally the patient has become more cheerful and reasonable, though his delusions of persecution and suspicion persist and his memory for recent events is grossly defective. His personal habits were defective, but this tendency has been checked by the administration of an ounce of Kaylene daily.

#### I.—*Evipan Anaesthesia in Mental Hospital Practice.*—By Dr. J. McLEMAN.

The administration of anaesthetics in mental hospitals is more frequently attended with difficulties than in any other branch of medical practice. The inability or refusal of the patient to co-operate only too frequently results in a difficult induction and a troublesome recovery, even in dental and minor surgical practice. The need for pre-anaesthetic preparation with inhalation anaesthesia arouses suspicions and exaggerates timidity into terror, which further increases the difficulties of induction. Pre-anaesthetic medication, either with morphia or the barbiturates, reduces the difficulties of induction but prolongs the stage of recovery, often without calming the patient, who proves to be more incapable than ever of co-operation until consciousness is fully regained. The sensation of impending suffocation which attends the most carefully administered inhalation anaesthetic too frequently results in a fierce struggle and an unnecessary amount of anaesthetic. In dental practice the rise in blood

pressure which follows the use of gas and oxygen or ether results in free bleeding and an obscured field. The time required for recovery, and also the agitation which often attends this stage adds many difficulties to the nursing of the mental patient after the extraction of teeth.

The use of Evipan as a total anaesthetic was introduced into this hospital after the publication by Abel and Jarman of their second series of cases (1). The technique advocated in this record, and so fully explained in a recent issue of the *Proceedings of the Royal Society of Medicine* (2), has been closely followed.

For dental and minor surgical practice Evipan appears to possess all the requirements necessary for anaesthesia in the psychotic patient. So successful have been the results that it is difficult to speak too highly of the work of the English pioneers in the promotion of this form of anaesthesia. The absence of all forms of preparation and the rapidity of induction make it possible to anaesthetise the most suspicious patient before he is aware that a procedure, to which he strongly objects, is going to take place. One case may be quoted as an example :

A patient of melancholic type had been advised to have certain crowned teeth removed. He agreed that they were very septic but refused to consider the extractions as he had always had a horror of dental treatment. He was so upset by the suggestion that he had a relapse in which he was restless, agitated, and very sleepless. Two months later, when he had become less agitated, he was asked to attend for a blood test. He was anaesthetised with Evipan and regained consciousness to find the defective teeth had been extracted. He is now quite glad that the operation has been performed.

The rapidity of recovery and the freedom from post-anaesthetic sequelae are of great value in the radiological examination of fractures in restless and resistive patients, and, in fact, for all X-ray examinations in non-co-operative cases. Minor surgical operations and painful dressings can be carried out repeatedly without demur, owing to the complete absence of the unpleasantness usually associated with a general anaesthetic. One patient, a case of confusional insanity of impulsive and aggressive type, has been anaesthetised on three successive occasions without any difficulty. Incidentally, this patient is suffering from an infective arthritis, the result of an act of impulsive violence.

Evipan has proved to be most satisfactory in dental surgery. At first premedication was practised for long or difficult cases. This is now discontinued. It was found that the period of unconsciousness was unduly prolonged. A further injection of 2 or 3 c.c. of Evipan solution, given as required, maintains the requisite anaesthesia without delaying the recovery stage. Complete freedom of access is obtained and maintained. Bleeding does not appear to be as free as with anaesthetics of the inhalation type. It has been suggested that the initial drop in blood pressure may be a factor in the absence of bleeding, even in cases of severe pyorrhoea.

Dosage appears to be a question of experience and technique, 2 to 3 c.c. given in 10 to 15 seconds with a pause of 30 seconds, followed by a further injection of a similar amount of solution usually gives an average of 5 minutes' anaesthesia. If this amount be given without delay an average of 10 minutes anaesthesia may be expected. It has been found advisable to give the first 3 c.c. in 5 seconds, to pause for 30 seconds, and then to inject the remainder at the rate of 1 c.c. per second, according to the duration of anaesthesia desired. It has been noted that this rate of injection may produce some respiratory embarrassment in stout or plethoric patients.

One question has been raised which cannot be satisfactorily answered with the data available at present. Does the patient who has been given sedatives of the barbiturate group over a long period react to the intravenous injection of Evipan as rapidly and for the same length of time as the patient who does not require sedatives ? As yet it can only be suggested

that with a rigid technique there does not appear to be any difference. In the healthy adult the rate of injection appears to be the sole determining factor. There may be others, such as the amount of food in the stomach and the time which has elapsed between the last meal and the anaesthetic. In one vigorous young adult who was given 10 c.c. rather too slowly the depth of anaesthesia was unsatisfactory, whilst the post-anaesthetic stage was prolonged for three hours, and was attended by marked confusion and restlessness. Premedication had not been carried out as the operation performed was urgent. No satisfactory explanation has been obtained except that a heavy meal had been taken about an hour before.

Accuracy of technique cannot be too earnestly stressed. Full surgical precautions are essential. While the anaesthetic is being given an attendant should be detailed to see that the jaw does not drop back. In co-operative patients a dental prop should be placed in position before the injection is commenced. Although Macintosh (3) and others have found it safe to anaesthetise patients in the upright position, in mental hospital practice it is safer to insist on the supine position, as during anaesthesia there is a definite drop in blood pressure and in many psychotics the blood pressure is subnormal. It has not been found necessary on any occasion to insert an airway.

In conclusion, Evipan has undoubted advantages in mental hospital practice over any other form of anaesthesia. It is of inestimable value in minor surgery and dentistry. That it is a safe anaesthetic need not be reiterated—the work of Jarman and others has given conclusive proof of this fact. The outstanding advantage of Evipan for the psychotic patient is its ease of administration. It does not create new fears; does not arouse quiescent suspicions; and does not tend to upset the patient who has settled down to institutional life.

#### References.

1. JARMAN, R. *Proc. Royal Soc. Med.* 1935, xxviii, 341.
2. MACINTOSH, R. R. *Idem.* 1935, xxviii, 346.
3. ABEL, L. and JARMAN, R. *Lancet.* 1934, i, 510.

#### J.—*Achlorhydria in the Psychoses, with Special Reference to Coincident Anaemia.*—By Dr. R. O. STERN.

A series of 300 psychotic patients was investigated with reference to the occurrence of achlorhydria as compared with normal individuals. The conclusion was reached that achlorhydria does not occur more commonly amongst the insane than amongst the sane.

The incidence of achlorhydria in relation to age was considered and accordingly it was found that there was no preponderancy of achlorhydria in any particular psychosis, the higher percentage apparently occurring in states of depression being due to the greater age of patients exhibiting this psychosis.

Reference was made to the different forms of anaemia associated with achlorhydria and their relative incidence. Six cases of hyperchromic anaemia were encountered in the series of which four were reported in some detail. Two of these presented a form of hyperchromic anaemia peculiar to the senium, distinct from pernicious anaemia, though usually responding to the same treatment.

A case of pernicious anaemia with mental symptoms following a gastrectomy ten years previously was recorded.

(Summary of paper which is to appear in forthcoming number of *Journal of Mental Science*.)

#### K.—*Dental Department.*

1. Report by Mr. GAINSFORD REED, L.D.S., visiting Dental Surgeon to the Main Hospital.

During the year 1934, 56 visits were made to the Main Hospital, and some patients were seen at my surgery.

One hundred and sixty patients (90 male and 70 female) attended for dental examination and treatment, a slight increase on last year. The total number of attendances made by these patients was 890 (533 male and 357 female).

Reports on 126 cases were sent in. This number is made up as follows, viz. :—

Male: Reports advising radiographs, 8; reports after radiographs have been taken, 11; other reports, 61. Female: Reports advising radiographs, 5; reports after radiographs have been taken, 5; other reports, 36.

Fifty-five patients (28 male and 27 female) who had not attended previously came up for treatment.

One hundred and five patients (62 male and 43 female) came up for treatment again; 66 of these patients were last seen in 1933, and 39 previous to 1933.

Dental treatment has been found possible in all except six cases where the treatment advised and sanctioned has not been brought to a satisfactory conclusion owing to the patient's mental state.

Radical treatment was carried out in 63 cases, and conservative treatment in 74 cases.

The mouths of the patients who had not attended previously showed, to a marked extent, sepsis, either of the open or closed type, and examination in doubtful cases to eliminate apical foci of infection has been carried out radiographically.

They also showed chronic gingivitis with suppuration, either general or localized, and an advanced state of dental caries.

The importance of dental focal infection (particularly streptococcal) and its elimination has been constantly borne in mind in all these cases, owing to the alleged production thereby of a large number of general pathological conditions, which include most insanities and neuroses, and not a few organic nerve diseases.

The possibilities of dental focal infection as a causative factor in connection with mental diseases are, unquestionably, very great, but there appears to be no actual scientific proof of the relationship of infection of the teeth to the psychoses, excepting in a few confusional cases. It is just possible that the infected condition of the mouths of the patients who have presented themselves for treatment, is a result of the diseased condition of the patient, and not that the disease is the result of the infected mouth.

The question of the method of extraction has been carefully considered in close co-operation with the medical staff. When the patient is co-operative and desires spaced extractions, this method is employed, but, in the majority of cases, and especially when the patient is non-co-operative, the best results are certainly obtained by multiple extractions.

Twenty-eight patients (19 male and 9 female) have been given general anaesthetics, and a varying number of teeth have been extracted, without any set-back in the patient's general condition, and no untoward effect, such as pyrexia, has been observed.

There have been no definite conclusions drawn whereby the cause of the psychosis appears to be definitely improved by the removal of septic teeth, but it may be claimed that in some cases there is decided improvement in the mental state of the patient, consequent on the improvement in the general condition.

Evipan-sodium has been used with continued success in 10 of general anaesthetics used.

I have reviewed the possible effects of the habits of the mentally afflicted on the incidence of dental caries, and the general gum condition. In many cases their lack of the will to personal cleanliness, improper or

inadequate use of the teeth with consequent fermentation of carbohydrate foodstuffs, a lower resistance of bacterial invasion, as well as other systematic or local defects, are vital contributing factors.

It is found necessary, as far as possible, to correct each of these in order to eliminate dental caries and inflammatory gum conditions, such as acute and chronic gingivitis which is very common in the mental patient.

On the re-examination of the mouths of those patients who have received treatment during 1934 and previously, a distinctly beneficial result can be claimed.

The following is a summary of the work completed throughout the year :—

No. of general anaesthetic cases for teeth extractions, 28 ; No. of patients who received N<sub>2</sub>O and local anaesthetics for teeth extractions, 39 ; extractions, 450 ; fillings, 92 ; attendances by patients for scaling, gum treatment, cauterizing and syringing, 194 ; dressings, 17 ; new dentures inserted, 41 ; dentures repaired or remodelled, 72.

## 2. Report by Mr. F. A. HUSBANDS, L.D.S., Visiting Dental Surgeon at Wantage House.

During the year, 26 new cases were examined and 32 re-examined.

Radiographs were taken in 30 cases.

Generally speaking, there has been considerable improvement in the condition of the mouths that have come under observation, only one case necessitating wholesale clearance under a general anaesthetic. Two of the cases had to be done by this method, as the patients were too unco-operative to be dealt with by local injection. The latter method being used for practically all conservative work also.

The treatment recommended was not sanctioned in 6 cases, and in 6 others was only partially completed.

Details of the actual work done are given below :—

Fresh examinations, 26 ; re-examinations, 32 ; fillings, 101 ; scaling and polishing, 24 ; extractions, 47 ; provision of dentures, 17 ; dressings, 3 ; visits *re* dentures, 62 ; examination radiographs, 30 ; repairs and additions, 5.

## LXVII.—FROM THE WONFORD HOUSE HOSPITAL, EXETER.

*General Report.*—By Dr. H. W. EDDISON, D.P.M., Medical Superintendent.

### A.—*Laboratory Report.*

The following is a summary of the examinations made during the year :—

Urines : routine, 562 ; special : urea concentration, 18 ; bacteriological, 5 ; spectroscopic, 2. Blood : total counts, 8 ; agglutination tests (various), 20 ; Sachs-Georgi reaction, 20 ; urea estimation, 21 ; sugar estimation, 4 ; Wassermann, 1. C.s.f. : complete examination including Wassermann reaction, colloidal gold reaction, Nonne-Apelt reaction, protein content, 1. Gastric analysis, 2. Throat swabs, 2.

### B.—*The " Love-Object " in Mania.*—By Dr. H. W. EDDISON, D.P.M.

It is well known that patients suffering from manic-depressive psychosis are unable to effect a sound rapport with their fellows, but little is known of the psychological relationship between the manic and the depressed phases.

In the view of psycho-analysts the melancholiac restricts most of his mental processes to the level of the infant in arms, so that when his higher adjustments break down he is obliged to fall back upon the more primitive, infantile mode of expression.

It is suggested below that the manic phase represents an attempt at adaptation at a higher level, more nearly approaching that of adults, and that the form which the maniacal attack will take will depend upon

the extent to which adaptation is achieved. The depressed phase, on the other hand, represents regression to the infantile state when adaptation fails, as is now widely believed.

Two cases are quoted. The first, a man aged 58, was unable to reach a high level after breaking down. His refusal of food, urinating and defaecating at will, his rage on being thwarted, disorientation and his craving for dependence and privileges, suggest that his attitude to all was that of an infant in arms.

The second case, a man of 68, whose symptoms date from early manhood, shows greater power of adaptation. A period of querulous depression, accompanied by refusal of food, is followed by stages exactly comparable to those of the psycho-analytical view of development. An auto-erotic stage of masturbation ensues, followed by one of homosexual inclinations and, finally, one of comparative normality, in which he has even been attracted by a girl while out on parole. The filial attitude, however, is never quite lost, because he has at the best of times a simpering manner and he is constantly demanding favours and attention from the very people to whom he behaves most badly. Finally, he regresses through the same stages in the reverse order until he is again crying and refusing food. On one occasion he even rendered himself edentulous by throwing his dentures over a wall.

(*Int. Journal of Psycho-Analysis*, xv, 4, 1934.)

#### LXVIII.—FROM BRENTY COLONY, WESTBURY-ON-TRYM, BRISTOL.

*The Relative Mortality of Cancer in the General Population, and in the Mental Hospitals of England and Wales.*—By Dr. G. DE M. RUDOLF, M.R.C.P., D.P.H., D.P.M., Medical Superintendent, and Dr. W. R. ASHBY, D.P.M.

An investigation was carried out to determine, if possible, the differences in the death-rates from all forms of cancer in the general population of England and Wales and in the mental hospital population of the same countries.

The years under review were from 1907-13 and 1921-27 both inclusive.

The original figures were adjusted so as to be comparable.

Crude death-rates were calculated for each age-group and sex and published in detail. The principal results were as follows:—

##### (a) FEMALES.

*Ages 0-15 years.*—The rates for England and Wales varied from .0161 in 1921 to .0246 in 1926, and showed a very slight increase during the total periods, whereas in the mental hospitals only one year showed any deaths in this age-group.

*Ages 15-25 years.*—England and Wales rates varied from .0297 in 1907 to .0391 in 1913, and remained steady. Deaths occurred in but three years in the mental hospitals, and these varied from .341 in 1909 to .387 in 1925—nearly ten times the death-rate for England and Wales.

*Ages 25-35 years.*—For England and Wales the death-rate remained fairly constant, varying from .143 in 1908 to .176 in 1907. The mental hospital rate decreased, and varied from 0 in 1926 to .843 in 1910.

*Ages 35-45 years.*—Death-rate (England and Wales) for this age-group shows a fairly steady decrease, varying from .755 in 1922 to .837 in 1913. The mental hospital rate, on the other hand, showed little of the fall. The rate varied from .633 in 1912 to 1.8 in 1923, thus tending to be nearer the England and Wales rate than in previous groups.

*Ages 45-55 years.*—Again, a definite fall is observed in the death-rate for England and Wales as the years pass. The lowest rate, 2.08, occurred in 1927, and the highest, 2.36, in 1912. In the mental hospitals there was also evidence of a decrease in rate, the figures varying from 1.94 in

1927 to 3.52 in 1909. Again the mental hospital rate approximates to, but is more variable than, the England and Wales rate.

*Ages 55–65 years.*—A decrease occurs in the England and Wales rates. These rates vary from 4.15 in 1927 to 4.58 in 1913. In the mental hospitals the rates also decreased, with a high peak in the middle of the post-war period. The lowest figure occurred in 1907, 3.64, and the highest, 5.72, in 1912. The mental hospital rate still approximates to that of England and Wales.

(b) MALES.

*Ages 0–15 years.*—The rates for England and Wales varied from .0202 in 1927 to .0277 in 1911, and remained constant throughout the periods. No deaths occurred in the mental hospitals.

*Ages 15–25 years.*—England and Wales rates varied from .0387 in 1926 to .0514 in 1907, the rate remaining constant. In the mental hospitals no deaths occurred in the second period of seven years, and in but four years of the first period. The rates varied from .294 in 1912 to .881 in 1909.

*Ages 25–35 years.*—The death-rates in England and Wales varied from .104 in 1907 to .129 in 1913, with a tendency to increase, and for mental hospitals from 0 in 1925 to .388 in 1923, with the occurrence of a definite fall.

*Ages 35–45 years.*—At these ages the rates for England and Wales showed a decrease, and varied from .391 in 1923 to .446 in 1913. A decrease also occurred in the mental hospital rates, and these rates varied from .214 in 1926 to 1.09 in 1912.

*Ages 45–55 years.*—England and Wales rates varied from 1.51 in 1907 to 1.72 in 1913, the rate remaining fairly constant. The mental hospital rates also remained constant, but varied from 1.18 in 1923 to 3.12 in 1921.

*Ages 55–65 years.*—An increase occurred in the England and Wales rates for this age-group, and the extreme limits of variation were 3.96 in 1907, and 4.81 in 1923 and again in 1924. Mental hospital rates varied from 4.38 in 1908 to 7.24 in 1924. A decrease occurred in this group.

A method of weighting, making allowance for differences in age-distribution was used with the following results :

Years.	Weighted death-rates per 1,000.			
	England and Wales.		Mental hospitals.	
	Males.	Females.	Males.	Females.
1907–1913 ... ..	.428	.535	.588	.772
1921–1927 ... ..	.4576	.512	.521	.612

Calculations of the expected number of deaths based on the non-adjusted death rates showed that the high death-rate in mental hospitals is almost certainly a true high rate, the probability of its being due to chance fluctuations being infinitesimally small.

The cause or causes of the significant difference between the Mental Hospital and England and Wales death-rates is discussed as below :—

1. CLIMATE.—As the mental hospitals are scattered throughout England and Wales, each county supplying the needs of its own area, the patients in these hospitals are under the same meteorological conditions as is the general population.

*Conclusion 1.*—*Climate is unlikely to affect the death-rate.*

2. GEOLOGY.—For the reason stated above, the population in the mental hospitals is under the same condition geologically as is the population outside mental hospitals, so that Stock and Karn's work on the variations of the cancer mortality in different counties bears no relationship to the subject under review.

*Conclusion 2.—The death-rate is apparently unaffected by geological variations.*

3. SEX.—Can there be any factor applying to one sex more than the other either in or outside mental hospitals and thus affecting the total mortality-rate? In order to determine this point the mean death-rates for males for England and Wales (that is, England and Wales less the mental hospital series) for each year were subtracted from similar rates for mental hospitals. The mean of the differences was found. This process was repeated for the females. The results show that for the period 1907-13 there is little difference between the England and Wales and mental hospital means. The rate for males was  $\cdot 363$  per 1,000 and for females  $\cdot 355$  per 1,000. These figures suggest that there are no definite factors influencing the death-rate of one sex more than the other in either mental hospitals or outside them. For the period 1921-27 there is a definite difference in the means. The figure for males is  $\cdot 167$  per 1,000, whereas that for females is  $\cdot 236$  per 1,000—an increase of 69·5 per cent. above the male figure.

*Conclusion 3.—There is some influence, either in mental hospitals or in England and Wales, which affected one sex more than the other in the period 1921-27, which was not operating, or was operating less markedly, in the period 1907-13.*

4. ALTERATION IN RATES.—A comparison of the means of the differences of the England and Wales and mental hospitals death-rates in the periods 1907-13 and 1921-27 shows that the England and Wales rate was approaching the mental hospital rate, the figure for the first period for females being  $\cdot 355$  per 1,000, and for the second  $\cdot 236$  per 1,000. In the case of males, this approach of the two groups is even more marked, the figures for the two periods being  $\cdot 363$  per 1,000 and  $\cdot 167$  per 1,000 respectively.

*Conclusion 4.—A comparison of the two periods under review shows that the death-rates of the mental hospitals and of England and Wales are approaching one another, the process being more marked in the males.*

5. ALTERATION IN RATES ADJUSTED FOR AGE.—Conclusions 1 and 2 are based on the death rates for each year, that is, on the rates per 1,000 for each age-group. The rate for the year is thus based on a population consisting of equal numbers in each group.

In actual practice there are not equal numbers of persons in each age-group. When the differences between the proportions of each age-group are taken into consideration and the death-rate is calculated per 1,000 of Population E (one sex, all ages, all years) for males there was an increase from a death-rate of  $\cdot 428$  per 1,000 in the period 1907-13 to  $\cdot 458$  per 1,000 in 1921-27 for England and Wales, but for mental hospitals there was a decrease from  $\cdot 588$  per 1,000 in 1907-13 to  $\cdot 521$  per 1,000 in 1921-27. In the case of females, there was a decrease from  $\cdot 535$  per 1,000 in 1907-13 to  $\cdot 512$  per 1,000 in 1921-27 for England and Wales, but from  $\cdot 772$  per 1,000 in 1907-13 to  $\cdot 612$  per 1,000 in 1921-27 for mental hospitals.

*Conclusion 5.—When age-groups are in the proportion that actually occurs, the male death-rate for England and Wales has increased by 7 per cent. in the periods under review, whereas that for mental hospitals has decreased by 11·4 per cent. For females, the rates have fallen by 4·3 per cent. and 20·8 per cent. respectively.*

6. AGE.—Are the changes already noted due to an alteration in the relative proportion of the age-groups ? In other words could the changes of death rate be due to a difference in the number of persons of a “ cancer age ” in the two periods under review ? In mental hospitals the number of deaths due to cancer amongst patients under 25 years of age is too few to be of value, so that only the ages 25–64 years can be considered.

For females there is a decrease in the death-rate for all age-groups of England and Wales, although probably of no significance under 44 years of age. In mental hospitals a decrease also occurs, although it is indefinite in the age-group 35–44 years. For males the conditions are different. Whereas in mental hospitals there are definite decreases in age-groups 25–34 years and 55–64 years, with slight insignificant decreases in ages 35–54 years, there is a definite increase in the death-rate for age-group 55–64 years for England and Wales. There is a slight fall of probably no significance in group 35–44 years, with no definite changes in groups 25–34 and 45–54 years. For Scotland, Dunlop found an increase between 1911 and 1928 restricted to males over 55 years of age. The striking decrease of rate from 55–64 years in mental hospitals, with the increase in the same group outside mental hospitals, is remarkable, particularly as the increase occurs in both the Scottish and English figures.

*Conclusion 6.—No change or a decrease has occurred in the female death-rate in the periods under review for all ages from 25–64 years in England and Wales and in mental hospitals. In the mental hospitals similar conditions exist for males, but outside the mental hospitals there is a definite increase in the male death-rate for age-group 55–64 years.*

7. POST-MORTEM EXAMINATIONS.—In what manner does the holding of post-mortem examinations affect the recorded death-rate ? If a higher proportion of these examinations are held at one time, or in one group than another, a higher recorded death-rate from cancer might be expected. A scatter diagram showed that in mental hospitals there is a tendency for the number of recorded deaths to decrease with an increase in the post-mortem rate. In mental hospitals the percentage of post-mortem examinations held in deaths recorded as due to cancer has fallen from 81·8–90·9 in 1907–13, to 72–79 in 1921–27, a decrease of about 10 per cent. If the recorded deaths are directly related to the post-mortem rate there should be a decrease in the death-rate of approximately 10 per cent. The actual decrease was about 5 per cent. Corresponding figures for England and Wales for the years under review have not been published, but for 1928 the post-mortem rate in deaths ascribed to cancer was 17 per cent. In 1921–27 the recorded England and Wales death-rate and the recorded mental hospital death-rate approached one another, but the post-mortem rates in deaths ascribed to cancer did not do so. It is therefore improbable that there is a direct relationship between these two rates, although they are both falling. Statistics issued from general hospitals relating to the proportion of cancer in the population based on post-mortem diagnosis are inaccurate, as the population from which the figures are drawn is selected on account of the presence of illness, including cancer.

*Conclusion 7.—Although both the total death-rates and the post-mortem rates in deaths ascribed to cancer are falling, there is probably no direct relationship between these two rates.*

8. TREATMENT.—Is this change in the relative proportions of death-rate in mental hospitals and in England and Wales due to the treatment in mental hospitals improving more than the treatment outside these institutions ? That there has been a marked improvement in the medical administration of mental hospitals there can be no doubt, as is demonstrated by the decrease in the death-rate from all causes. In consequence,

the death rate from cancer in proportion to the death rate from all causes has increased, as deaths from causes other than cancer have decreased. If, however, the decrease in death-rate be due to better treatment, it seems curious that better treatment should not also have been given to the male age-group 55-64 years in England and Wales. If the improved treatment affected the rate for this age-group in mental hospitals, it should have affected the corresponding age-group outside mental hospitals. Improved treatment alone would not, therefore, appear to be the cause of the fall in recorded death-rate.

*Conclusion 8.—Improvement in treatment does not appear to be the cause of the decrease in mortality, as treatment outside mental hospitals at ages 55-64 years is not likely to be less efficient than that in mental hospitals.*

9. MENTAL CONDITION.—Can the difference in the mental state of the two groups affect the problem? The answer must be "No"; for if it were able to do so, then as the difference of mental state existed in 1907-13 as in 1921-27, there should be the same difference between the death rates for England and Wales and mental hospitals in 1907-13 as in 1921-27.

*Conclusion 9.—The difference in mental state does not appear to be the cause of the difference in rates for mental hospitals and for England and Wales, as this difference of mental condition existed both when the death-rates for the two populations were further apart and when they were nearer one another.*

10. INACCURACY.—Is it possible that, for an unknown reason, the figures for males ages 55-64 in England and Wales are inaccurate, that the only age-group in which a definite increase is recorded shows figures that are not correct? If this were the case, one would expect to find that there has been no increase in recorded death-rate in age-groups 65-74 and upwards. From age 55 and upwards there has been a rise in mortality in males in the whole of England and Wales. For age-group 55-64 the increase is .55 per 1,000; and for age-group 65-74 it is 2.11 per 1,000; for age-group 75-84 it is 3.37 per 1,000; and for age-group 85 years and upwards it is 3.43 per 1,000. Thus the increase in mortality becomes greater the older the age-group.

*Conclusion 10.—The increase of mortality at ages 55-64 years is not due to a fallacy at this period only.*

11. RECURRENCES.—The rise in mortality at older age-groups could be due to recurrences occurring some years after the operative treatment. If this be the case, the death-rate at younger ages would fall and at older ages would rise. This is what occurs in England and Wales for males. As the death-rates at each age-group are higher for mental hospitals than for England and Wales, it is possible that owing to lack of co-operation of the mental patients with the doctors, treatment is less effective in mental hospitals than in the population outside these institutions. Thus, although a general lowering of death-rate is recorded from 1907-13 to 1921-27, suggesting that treatment is improving, the fact that the mental hospital figures, are in each age-group and in both sexes, higher than in the outside population, suggests that there are conditions in mental hospitals which are not conducive to the same treatment as outside these institutions. If, however, this is the case, there should still be recurrences of cancer occurring at ages 55-64 in mental hospitals as in the sane population, for improvement in treatment would leave many more cases to recur. As, instead of this rise in mortality, there is a fall, both in the males and females, it would appear unlikely that treatment at earlier ages is producing recurrences at later ages, for there is no clear reason why recurrences

should follow treatment in the general population and not in the mental hospital population.

*Conclusion 11.—The increase in the mortality for males at later ages in England and Wales cannot be due to recurrences in treated cases, for no such increase occurs in mental hospitals, although the death rate has fallen at early ages, suggesting improved treatment.*

12. OCCUPATION.—Occupations carried on by males in the general population but not by those in mental hospitals cannot be the cause of the variations of the death-rate, for, if so, the death rate in the general population in each age-group over age 60 years would be the same, for there would be no new entrants to an occupation after that age. This is not so, the death-rate increasing the greater the age.

The effect of the occupation could not be delayed for 30 or 40 years, for, if so, the death-rate in mental hospitals should have increased, even although to a smaller degree, as so many patients are admitted after the age of 30 years. As the greatest death-rate in the general population is seen in age-group 85 years and upwards, the effect of an occupation could not be delayed for a short period—for instance, 10 years—for, if so, men would have had to work up to 70 or 75 years of age to produce an increase of the death-rate after 85 years of age.

*Conclusion 12.—Differences in occupations of the males in mental hospitals and those outside these institutions do not appear to be related to the differences in the male death-rates.*

13. HABITS OF LIFE.—There are definite differences between the lives of the patients in mental hospitals and those of the general population; of these differences two of the most prominent are the living of a celibate life and a less active and less free life in the mental institutions. These conditions of life have, however, not altered between the first and second periods under review, whereas the death rates have altered. It is, therefore, unlikely that these factors bear any relation to the death rate.

Absence of travelling, with a corresponding absence of contact with petrol and exhaust fumes, is another important factor in the life of the mental hospital patient. The quantity of petrol used by the general population is increasing, whereas the conditions in the mental hospitals remain stationary. There should, therefore, be an increasing difference between the England and Wales rates and the mental hospital rates if petrol were to blame, but there is a decrease of the difference. In addition, the petrol should affect males under 45 years of age, and females, whereas only males over 45 years of age show an increase of death rate.

*Conclusion 13.—In the mental hospital groups no connection between the absence of contact with petrol, the diminished exercise and the living of a celibate life can be traced with the death-rate.*

A study of the sites of growths in the different age-groups might throw light upon the increase of the death-rate amongst the older males and not amongst the female population. Unfortunately, this study must be confined to total deaths (including those occurring in mental hospitals) in England and Wales from 1911, as no figures have been published for mental hospitals.

The numbers of deaths at each site in each age-group were extracted from the Registrar-General's annual reports. The death-rate per 1,000 was then calculated, based upon the population in each age-group. Graphs were constructed for each sex, each site and each age-group from 45 years, on semi-logarithmic paper.

A summary of the male death-rates for the age-groups shows that the following sites contributed to the rise in the total death-rate: Tongue, Mouth and Tonsil, Pharynx, Oesophagus, Stomach, Intestines, Rectum,

Breast, Pancreas, Larynx, Lungs and Pleura, Kidneys and Suprarenals, Bladder, prostate, Bones (excluding jaw), and the group termed "Other Specified Organs." The following did not contribute: Lip, jaw, liver, gall-bladder, mesentery, peritoneum, scrotum, other skin, testis, brain, abdominal cavity, undefined, other and undefined group. Many of the sites that did not contribute to the rise in death-rate show a definite fall in rate. Of these, there is little doubt that the fall is due to improved diagnosis, the deaths formerly placed in these groups now being placed in other groups. Thus, there is a fall for each age-group in the Mesentery and Peritoneum, and falls in a majority of age-groups in the groups of abdominal cavity undefined, other and undefined, liver and gall-bladder. The mortality from cancer of the lip, the jaw, the scrotum, other skin, testis and brain is stationary.

An alternative method of investigation is to count the total number of sites in which increases have occurred in age-groups 45-55 and 55-65, and to compare this figure with a similar figure for age-groups 75-85 and 85 and upwards. The results of these calculations are 15 and 33 respectively. As it is easier to record a death in old age as old age, senility or arteriosclerosis than as cancer of a definite site, and as the recorded mortality from old age or senility is falling, it is strongly suggestive that improvement in diagnosis is the cause of the increase in the recorded death-rate. Before a definite decision can be arrived at, consideration must be given to the female mortality for the same sites and age-groups. There is a possibility that the reduction in the total female death-rate may be due to a large reduction of the death-rate in sites peculiar to females overshadowing increases in other situations.

If the rise of death-rate in males be due to improved diagnosis, then the same rise should occur in the same sites, and at the same ages, in females, as there would be equal opportunities for diagnosis in the two sexes. In females the sites that showed rises of death-rate were: Tongue, Mouth and Tonsil, Oesophagus, Stomach, Intestines, Rectum, ovary and fallopian tubes, vagina and vulva, Breast, Larynx, Lungs and Pleura, Pancreas, Kidneys and Suprarenals, Bladder, Bones (jaw excepted) and "Other Specified Organs." The sites that showed a stationary condition were: Lip, Jaw, pharynx and Skin. The liver and gall-bladder, Mesentery and Peritoneum, uterus, brain, abdominal cavity unspecified, and "other and undefined" groups showed a fall in rate.

In the above list sites progressing in the same way in each sex, i.e., rising, stationary or falling, are printed in capitals. The list shows that sites appropriate to the male which are rising in the female are also rising in the male, but that all sites rising in the male are not rising in the female. The belief might, therefore, be held that the increased male death-rate could be due to the increase in deaths from cancer of the prostate and "other specified organs," and that the cause of the increase in other sites was better diagnosis, as the increase occurred in both sexes.

When the summaries are broken down into the age-groups, a very different picture is found: whereas in the males the number of sites showing increases are 15 for ages 45-65 years, and 33 for ages 75 to over 85 years, in females the figures are 28 and 0 respectively. If the sites peculiar to each sex are omitted, the figures are 12 and 29 for males and 24 and 0 for females. There are thus more sites showing increases at the older ages in the males and at the younger ages in the females. The summaries for all the age-groups are therefore of little value, as the detailed analysis shows that many of the increases of death-rate take place at different ages in the two sexes. When corresponding organs are studied in the two sexes, the age-group 65-75 years shows that an increase occurred in 14 sites in the males and in 9 in the females.

If the increases occur chiefly in the non-accessible sites, the inference may be drawn that some or all of the increase is due to improved diagnosis converting a non-accessible into an accessible site.

In 1893, King and Newsholme pointed out that in Frankfort the recorded increase in mortality between 1860 and 1889 occurred in the inaccessible group of cancer and was absent in the accessible. These consisted of cancer of the tongue, mamma, uterus and vagina, whereas the inaccessible group consisted of cancers of any other parts with the exception of cancer of the bladder and prostate. This group was described as intermediate.

In 1917, the Registrar-General's Annual Report states that the mortality from male accessible cancer increased from 1897-98 to 1916-17 by 56 per cent. and from inaccessible sites by 41 per cent. Amongst females the position was reversed. The total male increase was 37 per cent., and total female 12 per cent. In this case the division into accessible and inaccessible was obtained from the reports of 52,420 cancer deaths in the United States of America. The proportions of uncertain diagnosis in the accessible and inaccessible groups were obtained by asking the practitioners whether the diagnosis was certain or not. In the accessible group the highest proportion of uncertain diagnosis was .6 per cent., whereas in the inaccessible the proportion varied from 15.3 per cent. to 72 per cent. This method of classification would be of value if post-mortem examinations had been performed upon each case. This does not appear to have been done. Therefore, the question as to whether a diagnosis was certain or uncertain must have been dependent upon the honesty and modesty of the observers. The method does not appear to be accurate.

The results obtained were the opposite of those of King and Newsholme. Shearer, in 1928, pointed out that when standardized rates are used there has been no increase in mortality from cancer of the buccal cavity, an accessible site, between 1901-5 and 1925; in fact, the standardized rates per million fell from 154 to 142. In addition, there has been a marked increase of diagnostic facilities (such as X-rays, bismuth meals, bronchoscopy, genito-urinary surgery), with an increase of recorded cancer in the appropriate sites.

In 1924, the Statistical Review of the Registrar-General states that "the recorded increase of mortality is to a large extent fictitious, depending on improvement in diagnosis. This is scarcely in dispute, difference of opinion existing rather as to whether this explanation explains the whole increase." Shearer believes that it does so explain it, and concludes that the rise in mortality is apparent only, and "that there is, in fact, some slight decrease." On the other hand, Russell, in 1931, obtained opposite results. This worker divided cancers into those of the stomach, liver, oesophagus and intestines as inaccessible, and those of the jaw, mouth, tongue, lip and rectum as accessible. Cancer of the breast and uterus were considered separately. In the period 1901-27 there was an increase in all groups.

As there was an increase in the accessible groups, Russell states that the rising recorded rate of mortality cannot be due to improved diagnosis alone, but that there must be a true increase.

On dividing the various sites according to Russell's "accessible" and "inaccessible," and according to Bashford and Murray's "accessible," "inaccessible" and "intermediate" groups, it is found that there are more sites proportionally showing increases in the inaccessible groups than in the accessible or the intermediate of Bashford and Murray's classification. The above suggests very strongly that a part of the recorded increase of death-rate is due to improved diagnosis in certain situations. On the other hand, the increases recorded in the tongue, mouth, breast, bones and, probably, larynx and rectum are almost certainly true increases of cancer causing death over the age of 45 years. Russell's figures suggest that a part of the recorded increase in the inaccessible sites is due to a real increase of cancer in these sites, whereas the other part may be due to improved diagnosis.

The accuracy of diagnosis can only be determined by post-mortem examinations, and in 1905 Bashford and Murray studied the question

of the accuracy of clinical diagnosis, basing their observations upon post-mortem examinations. The cases were divided into three groups—accessible, inaccessible and intermediate. The accessible consisted of primary cancer of the skin, subcutaneous tissue, lips, tongue, floor of mouth, buccal mucous membrane, antrum, maxilla, mandible, palate, tonsil, eye, eyelid, orbit, cervical glands, breast, sternum and ribs, scapula, clavicle, humerus, bones of arm, annularis, bones of lower limbs, muscles of trunk, muscles of limbs, penis, scrotum, testis, clitoris, vulva, vagina, anus. The inaccessible group consisted of cancer of the brain and cord, pharynx, oesophagus, lung, pleurae, mediastinum, tracheal and mediastinal glands, heart, pericardium, stomach, small intestine, caecum, appendix, colon, hepatic flexure, splenic flexure, sigmoid, liver, gall-bladder, pancreas, adrenal, kidney, ureter, bladder, prostate, retro-peritoneal glands, peritoneum, ovary, spinal column, sacrum, pelvic bones. The intermediate group consisted of cancer of skull, larynx and epiglottis, trachea, parotid, urethra, rectum, uterus, thyroid glands, unspecified, nerves. For all ages the results in hospital cases where the greater degree of clinical accuracy would be obtained were as follows :

DIAGNOSIS BASED ON POST-MORTEM EXAMINATIONS (BASHFORD AND MURRAY).

					Correctly diagnosed.	Not diagnosed.
Accessible	...	...	...	...	1,504 (includes recurrences)	136 (9 per cent.)
Inaccessible	...	...	...	...	391	246 (63 per cent.)
Intermediate	...	...	...	...	372	48 (13 per cent.)
Total	...	...	...	...	2,267	430 (19 per cent.)

For more recent years the percentage of accurate diagnoses for the inaccessible and intermediate groups has, no doubt, increased, but there would presumably be little change in the 91 per cent. of accurate diagnoses in the accessible group. In any case, an error of 9 per cent. is so high for this group, particularly when recurrences are included, that figures based on clinical and not post-mortem diagnoses are unreliable. This is borne out by the high mortality rate from cancer in Switzerland, 1.25 to 1.3 per 1,000 (Hoffmann), where a large number of post-mortem examinations are performed.

Finally, we can compare the graphs so as to obtain an approximate idea of the relative values of the death-rates for each site in the two sexes. We find that the male death-rate is roughly equal to the female for the jaw, stomach, liver and gall-bladder, intestines, rectum, larynx, lungs and pleura, pancreas, kidneys and suprarenals, bladder, brain, bones (jaw excepted), other specified organs, and "other and undefined." The female rate is greater than the male for the mesentery and peritoneum and the breast. The male rate is about five times that of the female for the abdominal cavity and the oesophagus, but about ten times that of the female for the lip, tongue, mouth and pharynx. Excluding the organs peculiar to each sex, the greater male death-rate is thus confined to the upper part of the digestive tract.

Is there any irritant used more among men than women that could explain this relative increase ? Tobacco smoke could be one such, but if so, the larynx and lungs should be affected more in men than in women. As more women smoke now in 1933 than in 1927, a later study of the present span of seven years may throw further light on this point.

Alcohol may be consumed more by men than by women, but the

consumption of alcohol is decreasing. If this produced cancer in men in these sites, then cancer in men in these sites should be falling, but it is increasing.

Therefore, neither tobacco nor alcohol can at present be held responsible for the comparatively high death-rate in men in the upper parts of the alimentary tract.

#### *Summary.*

1. Mental hospital death-rates are significantly greater than those of England and Wales for both periods and for both sexes.

2. The following are unlikely to be the cause of the comparatively high death-rate in mental hospitals: Climate, geological formation, post-mortem rate, mental state, absence of contact with petrol, diminished exercise, the living of a celibate life, occupation.

3. The death-rates in the mental hospitals and in the general population of England and Wales are approaching one another, the process being more marked in the males.

4. When reviewed by age-groups up to 64 years of age, the only group showing increase of rate is that of England and Wales, males aged 55-64 years.

5. The decrease of mortality does not appear to be due to improvement in treatment.

6. The increase of the death-rate in males at certain ages does not appear to be due to recurrences in treated cases.

7. For ages over 45 years in England and Wales there are relatively more sites in males showing increases over 75 years of age, whereas in females there are more such sites under 65 years of age.

8. In both sexes for ages over 45 years in England and Wales there are more sites showing increases of death-rates in the inaccessible groups than in the accessible, so that these increases are probably due to more accurate diagnoses. Increased rates occurring in the tongue, mouth, breast and bones are almost certainly true increases of cancer.

9. For ages over 45 years in England and Wales the male death-rate markedly exceeds the female in the upper part of the digestive tract (lip, tongue, mouth, pharynx and, to a lesser degree, oesophagus and abdominal cavity). At present neither tobacco nor alcohol can be stated to be the cause of this excess.

(*Journal of Mental Science*, Vol. LXXX, 223, 1934.)

*Dry Air for Removal of Fluid from the Bronchioles and Alveoli.*—By Dr. G. DE M. RUDOLF, M.R.C.P., D.P.H., D.P.M.

Dry air was administered through a nasal catheter to patients showing adventitious sounds in the lungs on the principle that as expired air is saturated, dry air will take up moisture from the air-passages. The solids left in the lungs could be cleared later by means of alkalis after the cardiac musculature had been rested by the diminution of the increased pulmonary pressure due to the presence of the fluid.

The treatment is still experimental but quantities varying from .09 to .17 cubic ft. per minute have reduced the pulmonary adventitious sounds when continued for sufficient periods.

The three cases described below represent types of results obtained.

(a) At commencement of treatment moist sounds were present from about 5 inches below the right pulmonary apex to the right base and over the whole of the left lung. After administration of dry air for 150 minutes, the upper level of the sounds on the left had fallen 3 inches. The air was given for a further 30 minutes and then stopped for 120 minutes. Air was administered again for 60 minutes and recommenced 60 minutes later. After a further 12½ hours' treatment, the upper level of the adventitious sounds on the left fell another 2 inches. Average dose given was .14 cubic ft. per minute.

(b) Before treatment, crepitations existed in the right lung from the base to 3 inches below the upper margin of the trapezius laterally and to 6 inches below the same margin near the spine. The upper limits on the left were 5 inches and 7 inches respectively.

After treatment had been given for 135 minutes, the upper limit of the crepitations had fallen 1 inch laterally on the right side ; but had risen  $\frac{1}{2}$  inch near the spine. There was no change on the left. There was still no change in level on the left side, 320 minutes after commencement, but the intensity of the sounds had decreased so much that they were scarcely audible. On the right side, the upper limit had fallen another inch.

Later, 370 minutes after the commencement, when the dry air was discontinued, the sounds in the right lung had also become faint and a further fall of  $1\frac{1}{4}$  inches had taken place laterally.

Examination 305 minutes after cessation of treatment showed that the sounds had again become clearly audible in the left lung and were 1 inch below their original level near the spine. The sounds were also louder upon the right side and were 2 inches above the initial level near the spine and 1 inch above it laterally. After the treatment had been stopped for 27 hours 50 minutes, the sounds on the left side were the same in quality and situation as before treatment. Upon the right side they were the same laterally, but one inch above the original level near the middle line.

The patient had suffered from severe dyspnœa continually for about one month, and had to inspire deeply between words. After the cessation of the treatment, periods of from 5 minutes to 3 hours of easy breathing occurred and he was able to speak entire sentences without the necessity of taking deep inspirations.

(c) At commencement, sibili were present all over both lungs with sonorous rhonchi at the bases. Examination 130 minutes after the commencement of treatment showed that the sibili had disappeared and the rhonchi were quieter in character. After a further 130 minutes of treatment the sounds had fallen 1 inch and were quieter on the left, but there was no change upon the right side. Dry air was given for 210 minutes more. Examination  $10\frac{1}{2}$  hours later showed that there was only a band, 2 inches wide, of adventitious sounds on the left, although on the right there was no change. An average of .088 cubic ft. per minute was given.

Dry air was commenced again 11 hours after its cessation, and 165 minutes later the crepitations in the band on the left were only faintly audible. The sounds were considerably quieter on the right side. An average of .114 cubic ft. per minute was given. Cyanosis decreased.

Eleven hours after the cessation of the dry air, sonorous rhonchi had again appeared at the left base and sibili were present over the whole of the right lung.

Dry air was now given at an average of .17 cubic ft. per minute for 5 hours. The sounds in the left lung again became quieter and the dyspnœa diminished.

(*Lancet*, 1934, i, 284.)

*The Value of the Treatment of Mental Deficiency.*—By Dr. G. DE M. RUDOLF M.R.C.P., D.P.H., D.P.M.

The behaviour of adult male mental defectives was studied in relation to the granting of graded privileges which commenced with the granting of parole in 1930 and was extended, up to March 1933, to the following :—

Period of good behaviour.		Privilege.	Parole.
3 months	...	Work pass	To and from and at work.
6 months	...	Special block	Party parole outside estate with permits.
9 months	...	Special block	As above with individual parole on estate.
12 months	...	Block managed by inhabitants.	As for 9 months.

There are two blocks managed by their inhabitants, one containing 37 patients, the other 16. A committee, elected by the patients from amongst their number, is responsible for the proper management and cleanliness of, and behaviour in, each block. A weekly committee meeting is held with minute books. A member of the staff visits each block once in the morning for the issue of stores and once in the evening for roll-call. During the remainder of the twenty-four hours the patients are left to themselves, except for irregular inspections by senior members of the staff.

Throughout the Colony every reported act of misbehaviour is investigated and statements taken from witnesses. By this means a reasonably accurate record is obtained.

The results obtained by the above behaviour grouping appear to show that the behaviour is improving.

If our attention be confined to the more serious items, assault, theft, destruction, cruelty and attempts to escape, a definite improvement is apparent.

Patients who misbehaved and were still in the Colony in 1934 were followed from year to year. Of 45 who misbehaved on 76 occasions in 1930, only an average of 19·3 misbehaved in each of the three following years, the average annual number of items being 35·3. With regard to attempts to escape (whether successful or not), the percentage to the population of 333 for the year ending March 31st, 1930, was 18; for the year ending March 31st, 1931, it was 15·6 to a population of 321, whereas to a mean annual population of 330 for the three following years the figure was 6·2.

To a population of 363, of which 32·5 per cent. are criminal cases, 73·3 per cent. have three months' good behaviour, 58 per cent. six months' and 62·7 per cent. were allowed parole outside the estate in 1933. Of those allowed outside parole on a total of 2,190 occasions, there was one item of misbehaviour.

The above improvements may not be due entirely to the behaviour grouping for some defectives improved before the system was initiated. Thus, of 29 defectives who had committed crimes of arson (2), sexual offences (10), theft (15), loitering (1) and wandering (1) only two committed further crime during observation periods of from 10 years 8 months to 2 years 2 months after leaving the Colony.

Again, of 30 unselected cases who misbehaved before admission and who proceeded on licence to the same address as that from which they had come, 26 have remained outside the Colony for periods varying from 10 years 8 months to 1 year 1 month.

(*Proc. Roy. Soc. Med.*, xxvii, 1742, Oct. 1934.)

#### *Laboratory Report.*

The following laboratory examinations were carried out during the year :—

Urine : routine examination, 67. Blood : complete count, 26 ; Arneth index, 1. Bacteriological : sputum for tuberculosis, 10. Faeces : for tuberculosis, 7 ; urine : organisms, 7. Pus, 1. Blood : organisms, 1. Faeces : worms, 1. Vomit, 2. Blood, 1. Skin, 2. Exudate from sinus, 1. Foreign body in wound, 1.

#### LXIX.—FROM THE CALDERSTONES CERTIFIED INSTITUTION, WHALLEY.

*Laboratory Report.*—Communicated by the Medical Superintendent.

The following examinations were conducted in the laboratory during the year :—

Bacteriological : faeces, cultural for *B. dysenteriae* and other pathogens, 856 ; for tubercle bacilli, 133 ; sputa for tubercle bacilli and other organisms, 7 ; throat swabs for K.L.B., 10 ; urines, 4 ; vaginal swabs, 8 ; blood culture, 2 ; vaccines, 1 ;

miscellaneous, 13. Serological: Sigma reactions, 671; agglutination reactions, 1,426. Bio-chemical: urines, routine, 278; sugar estimations and test for ketones, 221; miscellaneous estimations, 137; milks, water, total solids, fat, 36; blood: sugars, 10; miscellaneous, 7; miscellaneous, 5. Microscopical: urines, 69; R.B.C. counts, 10, W.B.C. counts, 10; haemoglobin and colour index, 10; differential leucocyte counts, 6; abnormal blood cells, 8; reticulated cell counts, 6. Post-mortems, 16. Histological preparations, 46.

#### LXX.—FROM THE CATERHAM (LONDON CO.) MENTAL HOSPITAL.

*General Report.*—By Dr. T. LINDSAY, F.R.C.S. (Edin.), D.P.M., Medical Superintendent.

During the last year three medical officers have left the hospital and have been replaced by juniors; an unfortunate but unavoidable happening.

The new pathological block is nearing completion and will contain an X-ray plant.

A new mattress room, with carding machine, has been completed and is now in use.

Hockey as an additional recreation for female patients is to be tried immediately.

At the hostel the number of small individual plots has been increased, but there is still a waiting list of boys anxious to have a plot allotted. These plots assist materially in estimating the likelihood of success in outside employment.

#### Summary of tests performed in the laboratory during the year:—

Urine: chemical, 1,307; bacteriological, 9. Faeces: examination of, for B. dysentery and B. typhoid groups of organisms, 346; for T.B. organisms, 18; occult blood, 2. Throat swabs: for diphtheria, etc., 23. Blood: haemoglobin estimation, red and white cell counts, differential counts, etc., 76; blood cultures, 9; sugar content, 2; glucose tolerance curves, 5; urea N. content, 1; Van den Bergh reaction, 1; Widal's agglutination tests, B. Dys. and B. typhoid, groups of organisms, 173. Sputum: bacteriological examination T.B., etc., 21; Vomit: chemical examination of, 5; test meal (gastric content), 1. C.s.f.: Boltz acetic anhydride and Pandy globulin tests, 172. Histological specimens: histological examination of tissue, frozen method, 7; paraffin embedding, 78. Miscellaneous: examination of pus, fluids, skin scrapings, etc., 15. Complete post-mortem examinations, 45 (74 per cent of total deaths). Specimens forwarded to Central Laboratory: Wassermann reaction: blood, 203; c.s.f., 172. Sub-cultures of organisms for special investigation, 9; pathological tissue, 1; sub-culture of organism for preparation of autogenous vaccine, 1.

*Dysentery.*—During the year there were fifteen fresh cases, eleven on the male side and four on the female side. Six cases occurred during the first half of the year and nine cases during late October, November and December.

As previously reported, the ward was isolated and all contacts were inoculated with a stock vaccine obtained from previous cases. This has usually proved quite sufficient to limit the spread of the disease.

Unlike typhoid, the search for carriers of dysentery proves unavailing. It will be seen, however, that case No. 2 and No 4 had both been attacked in 1931, and it is probable that these two cases may have harboured the organisms. On the male side four cases occurred from October 24th, 1934, to November 8th, 1934, all in wards on the *second floor*, and the type of organism was the Flexner "Z." A common source appeared likely, yet the only two wards connected by a bridge were C.2 and D.2, there being no connection whatever between the other infected wards.

No.	Sex.	Age.	Ward.	Onset.	Recovery	Remarks.
1	M.	17	M.B.3	30.4.34	25.5.34	B. dys. Flexner "X" isolated.
2	M.	17	M.B.3	11.5.34	8.6.34	B. dys. Flexner "W" isolated. This boy had had clinical dysentery each year since 1931. He died during December of status epilepticus. Post-mortem refused.
3	M.	16	M.A.2	28.6.34	17.9.34	B. dys. Flexner "X" and "Y" isolated.
4	M.	16	M.A.2	24.10.34	20.11.34	B. dys. Flexner "Z" isolated. This boy had dysentery in 1931.
5	M.	17	M.C.2	1.11.34	23.11.34	B. dys. Flexner "Z" isolated.
6	M.	29	M.D.2	6.11.34	5.12.34	B. dys. Flexner "Z" isolated.
7	M.	62	M.F.2	8.11.34	1.12.34	B. dys. Flexner "Z" isolated.
8	M.	16	M.C.2	19.11.34	—	Died within 2 hours of appearing ill.
9	M.	29	M.D.1	28.11.34	—	Clinical dysentery only. Causal organism not isolated.
10	M.	27	M.D.1	7.12.34	—	} Bacillus dys. Flexner agglutinating polyvalent serum only after repeated sub-culture.
11	M.	28	M.D.1	7.12.34	—	
12	M.	10	F.D.3	10.1.34	3.2.34	B. dys. Flexner isolated with poor agglutinating properties.
13	M.	16	F.E.1	14.3.34	27.3.34	Bacillus "Sonne" isolated.
14	F.	23	F.E.3	4.5.34	24.5.34	Poorly agglutinating type of bacillus dys. Flexner isolated.
15	M.	14	F.D.3	18.11.34	11.12.34	Bacillus dys. Flexner isolated, agglutinated in dilutions of 1 in 1,000. Type not determined.

Widal reactions were done on the kitchen and farm staff, but all were negative; however, two male patients who had been working in the kitchen had blood sera which agglutinated Flexner to 1-250 in one case and 1-125 in the other. They were removed to a ward where there had been dysentery and will not be allowed to work in the kitchen in future.

Case No. 8 calls for comment. He had received the usual prophylactic doses of stock vaccine on November 6th, 1934, and November 13th, 1934, with little reaction and practically no constitutional disturbance. On the night of November 19th, 1934, he was taken suddenly ill and died within two hours. Post-mortem showed intense congestion of the small intestine from within 2 ft. of the duodenum to the caecum. The large intestine was little affected. There was free fluid in the peritoneal cavity. The inflamed mucous membrane of the small intestine had lost its lustre in places and looked granular, but there was no actual haemorrhage.

No pathological organisms were grown from scrapings of the intestinal mucosa. In view of post-mortem appearances and the fact that there had been a case of dysentery in the ward (case No. 5), it was presumed that death was due to a severe attack of the disease, in which case one will have to admit that the prophylactic inoculation failed. There was one case of dysentery due to the "Sonne" bacillus. It was very mild. No prophylactic inoculation was possible; the ward was isolated in the usual way and there were no further cases. Cases No. 9, 10 and 11 all had typical clinical dysentery, yet though many colonies of non-lactose fermenters were isolated, none of them gave the typical sugar reactions of the Flexner group nor were they agglutinated by the corresponding specific sera. We sent sub-cultures of these organisms to the Central Pathological Laboratory of the London County Council Mental Hospitals, and after repeated sub-cultures, the organisms finally gave the typical reactions of the Flexner group. For example:—

CASE No. 7.	Early cultural reactions.	Reactions after subculturing 12 times.
Lactose ... ..	N.C.	N.C.
Saccharose ... ..	N.C.	N.C.
Mannite ... ..	A. and G.	A.
Maltose ... ..	N.C.	A.
Glucose ... ..	A. and G.	A.
Dulcitol ... ..	N.C.	N.C.
Gelatine ... ..	N.L.	N.L.
Litmus Milk ... ..	1st day—A. 3rd day—Alk.	A. Alk.
No. Indol production ... ..	—	No Indol production.
Non Motile ... ..	—	Non Motile.
No agglutination to any specific serum	—	Agg. B. dys. Flexner (Polyvalent serum)

*Typhoid.*—There were two cases during the year, one in male C.2 and the other in Female F.1 ward. In both cases the illness proved fatal and was only finally diagnosed as typhoid fever from post-mortem findings; typical ulcers being present in the lower end of the ileum. Cultures made from the enlarged spleens failed to grow any pathological organisms.

A search was made for a possible carrier, and this proved successful in the female ward concerned, the bacillus typhosus being isolated from the patient's stools on more than one occasion. She was transferred to Leavesden Mental Hospital. On the male side however, we failed to discover any carrier. Investigations are still being continued.

*Scarlet Fever.*—There were five cases of scarlet fever on the female side, all amongst children or young adults. The disease was mild and there were no complications.

We continue using concentrated anti-toxin (scarlatinal) as a prophylactic measure. All contacts receive 2.5 c.c. intramuscularly. A serum rash of moderate severity was noticed in three cases on the eighth day.

*German Measles.*—There were four cases of German measles on the female side, two amongst boys in F.D.1 and two amongst nurses working in the same block.

*Mumps.*—There was one case of mumps in detached ward.

#### *Occupational Therapy—Female Side.*

*Detached Ward.*—Under the immediate supervision of Miss Smith, further progress has been made in the training of 44 girls in this centre. Their mental ages vary from 3 years 4 months to 7 years 8 months. They receive individual attention and are taught handicraft and other useful work suitable to their degree of intelligence and capacity for learning. During the year 260 articles were made and 220 sold. The work included basket making and stool seating, weaving and embroidery, soft toys such as golliwogs, elephants and rabbits. Rugs were also made. The girls were also taught how to make scarfs and badges for the hospital hockey team, and were afterwards allowed to see their work in actual use during a hockey match, to their great delight and satisfaction. All stockings are now being machine and hand darned in the detached ward, and a limited number of girls are being taught this type of work. In addition, one day a week is set aside for darning stockings by all girls, thus combining utility with training.

Sales of finished articles during the year realised £42 13s. 0d. The material used was valued at £22 19s. 4d. The centre, however, is, of course, not run primarily for profit, emphasis being always placed on training, and as such can be considered a success, this being reflected in the better behaviour and the greater happiness of the girls.

An instructional class in occupation therapy is held in this ward once weekly. Six probationer nurses attend. It is hoped to extend this scheme to include all nurses sitting for the final examination in Mental Deficiency.

Miss Baker, junior occupation supervisor, continues to hold classes for patients in every female ward, except B block, where the patients are mostly ward workers.

A hockey team is being organized from the younger female patients, and it is hoped all necessary arrangements will be completed before long. The selected girls are already keenly awaiting this privilege.

*Boys' Occupation Centre.*—Training is provided for 72 boys almost all of whom are of imbecile grade.

The training is modelled on the Decroly method, though owing to the difficulty of obtaining skilled staff the complete Decroly system cannot be employed. In addition, collective games from the Waverley series are used, whilst the higher grade boys are taught musical drill and simple country dancing.

An experiment with weaving as a means of educational therapy for choreo-athetoid patients has been in progress for some time now. The method demands a high degree of instructional skill, but has the advantage of requiring relatively simple movements, principally of proximal joints, avoiding the necessity for fine co-ordination, and at the same time providing scope for the relatively high intellectual potentiality of these patients. The small group of cases under treatment have all shown marked improvement in voluntary muscular control, whilst the interest aroused in the patients provides a strong intellectual stimulus, and allows an adequate means of self-expression.

*Psychological Department.*—By Dr. C. J. C. EARL, F.R.C.P.I., D.P.M.  
*Psychometrics.*

#### Mental Tests applied during 1934.

1. <i>Verbal Tests</i> —					
Stanford Revision of the Binet-Simon Scale	...	...	...	...	72
Kent's Emergency Oral Tests	...	...	...	...	30
2. <i>Performance Tests</i> —					
Caterham Battery A.	...	...	...	...	35
Drawing Tests (only)	...	...	...	...	39
Merrill Palmer Series	...	...	...	...	38
Randall's Island Series	...	...	...	...	8
Cattell's Dartington Scale "O"	...	...	...	...	14
3. <i>Various</i> —					
Tests for "p" factor	...	...	...	...	9
Psycho-physical Tests	...	...	...	...	15
Yepsen Score Card	...	...	...	...	33
Yepsen Score Card (Vineland abbreviation)	...	...	...	...	32

*Research Work.*—By Dr. K. C. L. PADDLE, M.C., D.P.M.

Investigations are being carried out into the following :—

1. The treatment of congenital syphilis by Orarsan.
2. The "carrying angle" in congenital syphilis.
3. The spirochaete in late congenital syphilis.
4. The fading of the Wassermann reaction and parallel tests in the blood sera of congenital syphilitics.
5. The W.R. and M.K.R. tests of the blood sera of parents of congenital syphilitics.
6. Family histories in congenital syphilis, and the relation of congenital syphilis to mental deficiency.
7. An endymal tumour of the septum pellucidum in a case of epiloia.

The serological reactions in Nos. 4 and 5 are being done at the Central Pathological Laboratory of the London County Council Mental Hospitals. In addition, mothers of syphilitic children of child-bearing age are being advised as to treatment and, if willing, are being treated by us.

Our visiting Dental Surgeon, Mr. Pomeroy, has very kindly made several plaster casts of the teeth of syphilitic defectives for demonstration purposes.

*Research Work.*—By Dr. C. J. C. EARL, F.R.C.P.I., D.P.M.

An investigation with temperamental and personality factors with high grade defectives has been continued.

An investigation into the psychology of the behaviour patterns of profound idiocy has been carried out and the results are being prepared for publication.

#### PUBLICATIONS.

1. "Lumbar Puncture and the Cerebro-Spinal Fluid in 2,000 cases of Mental Deficiency." By Dr. K. C. L. PADDLE, M.C., D.P.M.

The cerebro-spinal fluids of 2,000 cases of mental deficiency of both sexes, all grades and ages, were examined.

In 1,500 of these cases, observations were made on the after-effects of lumbar puncture. Seventeen per cent. developed post-lumbar puncture symptoms; 14·2 per cent. vomited, 6·8 per cent. had headache and ·73 per cent. pyrexia up to 101° F. The incidence of vomiting was nearly twice as high in females as in males, being 20·1 per cent. and 10·5 per cent. respectively. It was also higher in the feeble-minded group than in the imbecile or idiot group.

There was a direct relationship between the rate of flow of the cerebro-spinal fluid and the incidence of post-lumbar puncture symptoms. Where the former was rapid, the incidence tended to be high, and where it was slow, the incidence was relatively low.

The tests used on the cerebro-spinal fluid were the Wassermann reaction, cell estimation, Pandy, Lange's colloidal gold, and the acetic anhydride test of Boltz. Many pseudo-positive Pandy and Boltz reactions were given by the fresh cerebro-spinal fluid.

Of the 2,000 cerebro-spinal fluids examined, 55, or 2·7 per cent. were abnormal. The Wassermann reaction was positive in 19 cases, excess of cells existed in 32, excess of globulin in 44, and the colloidal gold reaction was positive in 30.

23·9 per cent. of congenital syphilitics had abnormal cerebro-spinal fluids.

The incidence of abnormal cerebro-spinal fluids was higher in those cases of mental deficiency complicated by epilepsy or paralysis than in those free from such complications.

The cerebro-spinal fluid of only 1 out of 54 mongolian defectives gave a positive Lange's colloidal gold test. In the remaining 53, the cerebro-spinal fluid was normal in every respect.

(*Journal of Mental Science*, Oct. 1934.)

2. "Congenital Syphilis in Mental Defective Adults." By Dr. K. C. L. PADDLE, M.C., D.P.M.

Fifteen hundred and ninety-eight adult mental defectives of all grades and both sexes had the Wassermann reaction and Meinicke macro clarification reaction done on the blood-serum. Fifteen hundred and twenty-five of these cases had their cerebro-spinal fluid examined by the Wassermann reaction, Pandy's test, Lange's colloidal gold test, and for increase of cells. One hundred and six cases gave various abnormal reactions in the blood or cerebro-spinal fluid, and 1,492 were serologically negative. Of the 106, 75 were considered to be congenital syphilitics, and of the 1,492 serologically negative cases, three were deemed on clinical and other grounds to be congenitally syphilitic—giving a total of 78 cases of hereditary syphilis, or an incidence of 4·9 per cent. The M.K.R. of the blood-serum in adults was more sensitive than the Wassermann reaction.

The incidence of congenital syphilis was higher among imbeciles than idiots or feeble-minded, and higher in cripple-epileptics than in uncomplicated cases. There was no evidence to show that mongolism was caused by syphilis. Conditions such as cretinism, choreoathetosis and post-encephalitis lethargica were unconnected with congenital syphilis.

Of 1,525 cases, excluding 10 cases of acquired syphilis with four abnormal fluids, the cerebro-spinal fluid was abnormal in 30, or 2 per cent.

In 76 cases of congenital syphilis the fluid was abnormal in 16, or 21 per cent.

The incidence of congenital syphilis was found to fall with advancing age but differed in the sexes. In females it was highest in children and lowest between 31 to 40, with a sharp rise between 41 to 50, suggesting a menopausal influence on the serological reactions used. At this age the incidence among the males was at its lowest, but there was a subsequent rise.

(*The Journal of Neurology and Psychopathology*, 1934, XV., lviii, 147.)

3. "The Primitive Catatonic Psychosis of Idiocy." By Dr. C. J. C. EARL, F.R.C.P.I., D.P.M.

Thirty-eight cases of a primitive catatonic psychosis observed in idiots are presented and discussed. Twenty cases were mainly cataleptic, and eighteen mainly hyperkinetic in type.

All cases show gross deterioration of behaviour reactions, with mutism, dirty habits, etc.

All the classical psycho-physical phenomena of catatoria occur in various degrees. In addition, the excited cases show peculiar hyperkinesia of the hands and fingers. These hyperkinesia are true stereotypies, and not the simple monotypies of idiocy.

The true schizophrenic character of the condition is shown by the gross emotional dissociation; attacks of causeless weeping, anomalous emotional responses, and outbursts of violence.

The condition is presented as a psychiatric syndrome and not as a "disease" *sui generis*. It occurs in various clinical types of low grade defectives.

The neurology and psychology of the condition are discussed.

(*The British Journal of Medical Psychology*, Vol. XIV, Part III, 1934.)

4. "Nocturnal Enuresis." By Dr. C. J. C. EARL, F.R.C.P.I., D.P.M.

(*The British Journal of Children's Diseases*, Vol. XXXI, p. 205.)

LXXI.—FROM THE FOUNTAIN (LONDON CO.) MENTAL HOSPITAL.

*General Report.*—By Dr. JAMES NICOLL, Medical Superintendent.

A.—*Summary of pathological examinations* carried out during the year:—

Urine: chemical, 1,162; microscopical, 500. Sputa, 8; pus, 11; faeces, 4; vomit, 1; throat and nose swabs, 203; cultures, 119; hair and skin (tinea), 58; blood counts, 14; histological slides, 250; post-mortem 18 (86 per cent. of deaths).

In addition, 139 specimens of blood and 11 of cerebro-spinal fluid were collected for Wassermann and Meinicke reaction, etc., and a number of routine, special and cine-photographs, models and lantern slides were made.

B.—*Orthopaedics.*

An orthopaedic clinic has been established during the latter half of the year. A consulting orthopaedic surgeon visits as required, both for operative work and therapeutic supervision, and a masseuse attends three whole days per week. Four operations have been performed, 35 patients have been treated regularly by means of massage and exercises and 3 by ultra-violet light. All 4 operative cases have done well and good results are beginning to appear in many of the other cases. The clinic should

undoubtedly prove itself of real value, not only in correcting and preventing deformities, but also in training children in walking and general muscular co-ordination.

C.—*Scarlet Fever.*

Scarlet fever has been prevalent in the hospital throughout the year. Eighty patients and 9 nurses have been attacked, but fortunately the disease has been mainly of a mild form and only 2 deaths occurred. No ward, except for that containing the adult working patients, escaped infection. Forty-six of the cases, however, occurred in 3 wards, the remaining 34 being spread amongst 11 wards. It is evident that several sources of infection were involved during the year; new admissions, visitors, temporary carriers and in one case the relapse of a patient returned from fever hospital being responsible for the various outbreaks.

As soon as a case of scarlet fever occurred, the patient was transferred to a fever hospital, the infected clothing and bedding conveyed to the disinfectant in special bags and the ward put in quarantine for 14 days. During this period the children are confined entirely to the ward and its airing court and no visiting is allowed. The nursing staff wear surgical gowns, which are of course kept in the ward, and no changes in the personnel of the staff are made unless absolutely necessary. On two occasions the whole hospital was closed against visitors and admissions. In addition to these precautions, the remaining patients and staff of the infected ward were Dick tested and all those showing positive reactions were passively immunized. In 7 wards this procedure was successful in cutting short the epidemic, but in others fresh cases occurred after the effects of the anti-toxin had worn off. In two wards throat swabs from all Dick negative patients and staff were cultured. In one no haemolytic streptococcus carriers were found; in the other haemolytic streptococci were present in the case of 2 patients and 1 nurse. These cultures were sent to the Ministry of Health (Dr. Griffith) for typing and all three were found to belong to the scarlet fever type II group. Three weeks later, however, all three were negative.

All patients in the hospital have now been Dick tested, and new cases are tested on admission. Owing mainly to contact immunity obtained through this epidemic, Dick positive cases have been reduced to less than 60, and these are now being confined to three wards, which are staffed entirely by Dick negative nurses. By this means it is hoped to control the spread of scarlet fever as efficiently as possible.

D.—*Diphtheria Prophylaxis.*—By Dr. L. C. COOK, D.P.M.

Active immunization of patients and staff, begun in 1933, was continued during the year.

*Patients.*—688 patients have now been Schick tested and of these 296 gave positive reactions. At present there are 254 patients on the hospital books, whose Schick reactions were positive and of these 208 have been immunized. (There remain 46, out of 577 Schick tested patients now on the hospital books, who have not been immunized.) The immunization of 11 others has been delayed or only partially completed owing to their absence from the hospital suffering from scarlet fever, whilst 3 others have been on extended leave of absence in the care of relatives. Two cases contracted diphtheria before immunization could be effected and so are now at least temporarily immune. In 28 cases the parents refused permission to immunize. The number of cases not immune from diphtheria (excluding new admissions not yet Schicked) is now 44 (out of 577) or 7.6 per cent. Refusals by parents have been reduced to under 5 per cent., as foreshadowed in last year's report. Immunization has been carried out by the same technique as that used in 1933, i.e., by three injections of diphtheria prophylactic prepared by the Belmont (L.C.C.) Laboratories

(Dr. White). The dosage, however, has been increased to three-quarters of the full children's dose. There has been complete freedom from any serious reactions. (Figures taken on January 28th, 1935.)

*Staff.*—26 nurses have been actively immunized during the year. Of the present nursing staff, 67 (50·4 per cent.) are naturally immune, 49 (36·8 per cent.) have been actively immunized, 12 (9 per cent.) have not been Schick tested and 5 (3·8 per cent.), having given Schick positive reactions, refused immunization. As the majority of the last two groups are senior nurses who have been in contact with many cases of diphtheria, the probability of their contracting the disease is small, and the nursing staff may now be taken as a practically immune community. (Figures taken on November 30th, 1934.)

#### E.—*Publications.*

1. "Unsettled questions of neurosyphilis." By Dr. L. C. COOK, D.P.M.

A paper contributed to a discussion on the above subject, held by the neurological section of the Royal Society of Medicine. (*Proc. Roy. Soc. Med.* 1934. 28. 173.).

2. "Unusual size of intraventricular spongioblastoma in a case of tuberous sclerosis." By Dr. L. C. COOK, D.P.M. and Dr. A. MEYER.

O.K., an imbecile girl aged 7 years 3 months, admitted on September 6th, 1933, suffering from tuberous sclerosis, died on February 11th, 1934 in a state of coma following convulsions of infra cortical origin. At autopsy an enormous intraventricular tumour was found, which had been symptomless until a few hours before death. A clinical and pathological study of the case has been accepted for publication by the *Journal of Neurology and Psychopathology*.

#### LXXII.—FROM THE MONYHULL COLONY, BIRMINGHAM.

*Laboratory Report.*—Communicated by the Medical Superintendent.

In addition to the ordinary routine investigation work in our own clinical laboratory, we have continued to send specimens to the Joint Board of Research Laboratories at Holmwood Mental Hospital; 108 specimens of blood have been sent for a complete range of examinations for Wassermann and Widal tests, for food poisoning, dysentery and the complete range of enteric groups.

Details of examinations are as follows :—

Blood, 110 ; faeces, 149 ; sputa, 5 ; urine, 2 ; throat swabs, 2.

#### LXXIII.—FROM THE ROYAL EASTERN COUNTIES INSTITUTION, COLCHESTER.

*General Report.*—By Dr. F. DOUGLAS TURNER, Medical Superintendent.

#### A.—*Research Department.*

During the last year the Research Department has lost the services of an assistant, Miss Matthews (Mrs. Sisson). Miss Matthews was appointed in 1933 to supplement the family history investigation and to do some special work involving intelligence testing. She worked in the Department for one year and six months and she has most unfortunately been obliged to retire owing to serious illness. It has been difficult to fill her place as far as the family history work is concerned, but Mr. J. C. Raven, B.Sc.(Lond.) has been appointed temporarily to continue the special work of testing children who are relatives of our patients.

The Department has recently been fortunate in obtaining the services of Dr. S. Nevin, M.R.C.P., as neurological consultant. There are many cases in which the diagnosis of the cause of mental deficiency depends upon the precise interpretation of neurological signs, and Dr. Nevin's experience has already proved to be of the greatest value. A local ophthalmologist, Dr. A. V. Taylor, D.D.M.S., has also given extremely useful help by examining patients whose diagnosis depends on a full understanding of the condition of the eyes.

One of the chief problems in ascertaining causal factors is the difficulty in knowing for certain whether or not patients suffer from congenital syphilis. The Wassermann Reaction has been found to be unreliable in many instances, and so also have other reactions which we have tried for the detection of this condition. We have recently been able to arrange to retest our patients by a specially sensitive reaction known as the "presumptive Kahn test." This proposal has been made practicable by the kindness of Professor Kahn himself and by the co-operation of Dr. Fitzgerald, Medical Superintendent of the Witham branch here, who has special knowledge of this particular reaction.

The investigation into the families of our patients, taken at random, has been proceeding steadily under the care of Miss Newlyn and over 800 histories have been most carefully compiled. When we have over 1,000 histories of reliable quality we shall probably consider the question of preparing a detailed report upon them. Actually there are many patients whose history is practically unobtainable, and many others whose history can only be obtained from sources which must be regarded as unreliable. In order to obtain histories of reliable quality, repeated visits often have to be made over a considerable period of time. New facts which comes to light in a second clinical examination of the patient may lead to new avenues of research into the family. If the family history investigation appears to be slow in progress this is due entirely to the intensity with which these investigations are being carried out.

The following essays and papers, dealing with special aspects of the research work, have been read or published since the last report: two additional papers, one on the genetics of epiloia and the other on autosomal linkage in man, have been prepared but have not yet been published. The analysis of the data obtained by our investigation of intelligence in a rural area has been completed and is ready to be written up.

1. "The Influence of Heredity on Disease."—By L. S. PENROSE. (H. K. Lewis & Co., 1934.)

This short book is an essay which was awarded the Buckston Browne Prize in 1933. The prize is awarded biennially, for an essay upon a set subject, by the Harveian Society of London. The present essay gives an account of the methods of research which are available for the study of human heredity and these methods are illustrated by reference to material derived from the investigations in the Research Department here. A survey of the subject from the historical point of view is provided and the future of human genetics is discussed.

2. "The Complex Determinants of Amentia."—By L. S. PENROSE. (An address to the Eugenics Society at the Annual General Meeting, May 1934.)

The writer describes the position of genetical research in mental deficiency, showing some of the difficulties. One of the chief problems is to separate the true biological determinants from those which depend upon our way of looking at the problem, such as legal definitions.

3. "The Relative Aetiological Importance of Birth Order and Maternal Age in Mongolism."—By L. S. PENROSE. (*Proceedings of the Royal Society*, Vol. 115, pp. 431–450, August 1934.)

In this paper data from the investigation of the family histories of 224 mongolian imbeciles are presented. Statistical analysis, by two entirely

different methods, shows that the numbers of imbeciles in each birth rank are very close to those which are to be expected on the assumption that the incidence of mongolism depends upon maternal age and not upon birth order. This conclusion applies also to the number of first-born children found to be affected. Aetiological significance can therefore not be attributed to birth order with any reasonable degree of probability. Neither is there any evidence that the long interval which sometimes precedes the birth of an affected child is of causal significance.

These findings are comparable with Wright's observations concerning the relative effects of birth order and maternal age in the production of certain characteristics in the guinea-pig (Wright, 1926); here, too, birth order was found to be of no significance.

4. "The Inheritance of Mental Ability."—By L. S. PENROSE.

This paper was read at the British Association at Aberdeen in September 1934. It reported upon the results, up to the time of communication, of our enquiry into the mentality of the relatives of our patients. The following summary appeared in *Nature*.

This paper was an account of a survey of a group of mentally-defective patients whose relatives were tested by standardized intelligence tests in order to obtain information concerning the effects of heredity on mental ability. The patients were grouped into severe and mild cases and certain significant differences were found between the two groups.

The relatives of the severe cases were, on the whole, more intelligent than the relatives of the milder cases and there was a marked incidence of consanguinity among the parents of the severe cases.

It was concluded that the influence of heredity in the causation of severe mental deficiency was shown (i) by the sharp distinction between normal and abnormal brothers and sisters, and (ii) by the high incidence of consanguinity among the parents which indicates the presence of rare recessive characters. The arguments against hereditary influence are the presence of physical disease among the patients and the demonstrable importance of environmental factors—as in mongolism. The low familial incidence is not strong evidence against hereditary causation here because severe mental deficiency tends to cause family limitation and the affected individuals do not have offspring.

Within the group of mild cases, where the mental ability extends from 40 per cent. to within the normal range, hereditary influence is indicated (i) by the high familial incidence of mild defect, and (ii) by the characteristic regression towards the normal of the mean intelligence of relatives. In the absence of sharp segregation these findings suggest multifactorial inheritance. The points indicating the influence of environmental causation are (i) the lack of correlation between mentality of patient and mentality of relative as judged by the Binet Tests, and (ii) the poor social conditions under which defectives of this group are nurtured.

A practical consequence of the lack of correlation between the test scores of patients and their relatives is that, within a wide range, the knowledge of the mental grade of an individual gives us no information about the probable mentalities of brothers, sisters or children. We can only say that, given a large enough group, the average mentality of the relatives of defectives will be a certain distance below the normal. This fact puts serious difficulties in the way of the application of eugenic measures designed to control mental defect: it points to the importance of exercising educational and social influences to the fullest extent.

5. "A Method of Separating the Relative Aetiological Effects of Birth Order and Maternal Age, with special reference to Mongolian Imbecility."—By L. S. PENROSE. (*Annals of Eugenics*, Vol. vi, Pt. 1, October 1934.)

This communication gives a full description of one of the statistical methods employed in the paper on mongolism referred to above.

6. "Two Cases of Phenylpyruvic Amentia." By L. S. PENROSE. (*The Lancet*, January 5th, 1935.)

A phenomenon recently described in Sweden is here reported upon. It appears that certain cases of mental deficiency are associated with disordered metabolism. The disorder is hereditary and follows the law of Mendelian recessives, nevertheless the primary abnormality appears to be nutritional. Experiments are being carried out in collaboration with Dr. J. H. Quastel, of the Biochemical Department, Cardiff City Mental Hospital, in order to investigate the possibility of correcting the disorder. We are fortunate in having discovered two cases in this Institution who thus are available for the intensive investigation of the Research Department.

#### B.—Scarlet Fever.

During the past year there has been an epidemic of scarlet fever in six classes of the Central Institution and in three of the branches. In all 795 patients of all age and grade of mental defect were Dick tested of whom 175 gave a positive reaction which is a percentage of 22. This percentage is comparable to the results obtained in an average normal community. Amongst a group of 25 Mongols it was found that 16 were; Dick Positive, which is 64 per cent. This confirms from a new angle the view that Mongols are more susceptible to infection than the average defective. Ten of these Mongols developed scarlet fever.

In the group of 175 positive Dick reactors 46 developed scarlet fever; that is 26 per cent. of all Dick positives. The number of patients with a Dick negative reaction was 620 and of these only five developed scarlet fever. This shows that the Dick reaction can be relied on in 99.4 per cent. of those tested, that is the chances of Dick negative individuals contracting scarlet fever is less than 1 in 160

Isolation measures to prevent the spread of the epidemic were adopted in addition to the passive immunization of 169 Dick positive patients. Each received 5 c.c. of concentrated streptococcus anti-toxin (scarlatina) globulins. Of the patients who received this dose of serum only 7 per cent. developed scarlet fever. In our experience the above passive immunization protects the individual for a minimum period of 14 days; the average period being however, 24 days.

From 7 to 14 days after passive immunization 16 per cent. of patients developed serum reactions which were more severe and troublesome in the lower grade defectives.

Active immunization by Method 1 (Burroughs Wellcome) was adopted in 37 Dick positive patients of representative ages and degrees of amentia. It is of note that three of this group developed scarlet fever in the early part of the course of immunization. The explanation suggested is that the toxin used in the active immunization temporarily lowers the resistance causing a negative phase which allows scarlet fever to develop.

LXXIV.—FROM THE STOKE PARK COLONY, STAPLETON, BRISTOL.  
*General and Clinical Report.*—By Dr. R. J. A. BERRY, F.R.C.S., Director of Medical Services and Dr. R. M. BATES, F.R.C.S., Resident Medical Officer.

As research work has now been integrated with that of the Burden Mental Research Trust all lines of investigation in this Institution have now one common object—that of the Trust.

The Committee of Administration of the Burden Mental Research Trust, upon which both the Board of Control and the Royal Medico-Psychological Association are represented, has recently approved of the work on the following lines.

During the year under review the Trust has been actively engaged in the investigations for which it was primarily brought into being by its

generous Founder, Mrs. R. G. Burden. Their activities may be best described in the terms of the report recently submitted to, and approved by, the Committee of Administration :

*Staff.*

J. A. Fraser Roberts	Principal Investigator	September 1st, 1933.
R. M. Norman	Part-time Medical Assistant	September 1st, 1933.
Ruth Griffiths	Psychologist	April 1st, 1934.
Joan Nethercot	Clerical Assistant	January 1st, 1935.

*Commenced duty.*

The main efforts of the staff have been directed to the mental survey of a complete child population. The endeavour is being made to obtain a list of all children living within a given area on July 27th, 1934, and who were born between September 1st, 1921 and August 31st, 1924 inclusive. All group-tests have been administered by a member of the Burden Trust staff. Every effort is being made to ensure that the survey will be as complete as is possible and very accurate in detail.

It is proposed this summer to add, to the existing group, children born between September 1st, 1924 and August 31st, 1925. In 1934 they were found to be too young to be given a verbal test. The total number will be about 3,400.

Individual testing is being used to check up the group-testing, to measure its efficiency in selecting desired groups, and especially to sort out children of low mentality. Two hundred Binets have been carried out and this work will be considerably amplified.

Physical measurements are being made and up to date four hundred children have been examined.

On the basis of the group and individual testing, samples will be chosen for family study. They will thus be drawn from a known range of mentalities belonging to a nearly complete ascertainment.

Several valuable studies will be possible on the group owing to the completeness and variety of the information about them—e.g., sib resemblance studies, cousin resemblance studies, the relationship of mentality to "nutrition," etc.

It is realized that the investigation outlined above will yield information relating mainly to the factors affecting mentality in general and also regarding the dull and backward section of the population, border-line cases and feeble-minded. There cannot be enough idiots and imbeciles in the group for detailed study. It is hoped that a group of such cases representing a larger section of the population will be added from other sources to the material already studied.

One of the more important of the joint problems is a study of unselected Institution consecutive admissions of certified mental defectives. In the case of each patient, physical and psychological measurements are made and there is an examination by various specialists, including general medical, neurological, and ophthalmological examinations and examinations of the ear, nose and throat. Particulars are also available regarding family history and social background. Up to date 400 cases have been accumulated and a commencement made on an analysis of the data. This group will ultimately comprise 700 to 800 cases. To mention only a few of the numerous enquiries possible in connection with this group, there are questions of the inter-relationship of physical and psychological measurements ; of family histories in relation to grade and type of defect ; of size of family ; of rate of illegitimacy, and many more. In so far as the time limit laid down by the Trust may permit, it is hoped that this integration of activities will add to the value of the Trust's work and result in a substantial contribution being made to the subject.

*Publications.*

During the year under review there were published from the Stoke Park Research Laboratories the following :—

"Note on the Value of the Dick Test." By R. M. BATES. (*The Lancet*, May 1934, p. 1106.)

"A Case of Juvenile Amaurotic Idiocy." By R. M. NORMAN. (*Journal of Neurology and Psychopathology*, 1935, xv, lix, 219.)

"Cerebral Structure and Mental Function as Illustrated by a Study of Four Defectives' Brains." By R. J. A. BERRY and R. M. NORMAN. (*Journal of Neurology and Psychopathology*, 1934, Vol. xiv.)

"The Problem of the Mental Defective." By R. J. A. BERRY. (*Proceedings of the Health Congress of the Royal Sanitary Institute*, 1934.)

"Some Lesser-known Views on Mental Deficiency." By R. J. A. BERRY. (*Mental Welfare*, April 1934, Vol. xv, No. 2.)

"Heredity and Mental Deficiency." By J. A. FRASER ROBERTS. (*British Medical Journal*, March 2, 1935, p. 413.)

### *Laboratory Work.*

From the Clinical Laboratory of the Institution there were carried out the following :—

Urine : routine, 1,200 ; special, 56. Blood : total and differential counts, 16 ; chemical estimations, 31. Bacteriological examinations : Sputa, 264 ; swabs and cultures, 27 ; pus films and cultures, 35 ; direct films, 40. Post-mortem examinations, 16 (72·7 per cent. of deaths).

From the Department of Preventive Medicine, Bristol, the following :—

Blood : Wassermann reactions, 77. C.s.f. : complete examinations, including Wassermann and Lange reactions, 9. Faeces : bacteriological and special reactions, 2. Urine : bacteriological and diastase test, 1.

### *Treatment of Pulmonary Tuberculosis.*

Six patients suffering from pulmonary tuberculosis were treated by intravenous injections of thiosulphate of gold. In view of the idiosyncrasy of many mental defectives to drug treatment, very small doses were given. The first injection was 0·01 gram, increasing gradually each week to 0·5 gram as eighth and final dose. Small doses may produce severe reactions. A dose of 0·05 gram produced a rigor and severe erythema in a low grade feeble-minded woman, aged 29·6 years.

So far as it is possible to draw conclusions from a few cases :—

The amount of sputum was lessened during treatment.

Tubercle bacilli disappeared from the sputum or were greatly diminished in number during treatment.

All patients volunteered that they felt better for the injections and asked for them to be continued.

The effect on temperature and physical signs was disappointing.

Towards the end of the course of injections tubercle bacilli reappeared in the sputum and there was no permanent improvement.

### *Clinical.*

Passive immunization by concentrated streptococcus anti-toxin (scarlatina) proved of value in aborting an outbreak of scarlatina. Dick testing was carried out upon 389 contacts, of whom 69 gave positive reactions. The positive reactors each received 4 c.c. of the concentrated anti-toxin intra-muscularly. Although two patients developed scarlatina during the testing, no fresh cases arose after protection by anti-toxin.

The same anti-toxin was used in the treatment of diseases caused by the streptococcus. In streptococcal tonsillitis the injection intra-muscularly of 2 c.c. of anti-toxin in children and 4 c.c. in adults was followed by a rapid improvement. Large dosage, although usually unnecessary, does not appear to be dangerous. A Mongolian imbecile aged 13, suffering from streptococcal septicaemia, received a total of 136 c.c. over a period of seven weeks and made a complete recovery. It is hoped that the anti-toxin may be effective in the treatment of streptococcal broncho-pneumonia. Streptococcal puscoccal infections of the skin showed little or no improvement with anti-toxin, possibly because of added staphylococcal infection.

APPENDIX A.

ENTRIES BY COMMISSIONERS AT COUNTY AND BOROUGH MENTAL HOSPITALS.

BEDS, HERTS AND HUNTS (THREE COUNTIES) MENTAL HOSPITAL.

September 6th, 1934.

We have to-day paid the annual visit on behalf of our Board to this institution, and can report that generally we are very satisfied with the conditions prevailing here.

From statistics furnished to us we learn that during 1933 there were :—

	Male.	Female.	Total.
Admitted—certified ... ..	76	94	170
Transferred to other care ... ..	—	5	5
Discharged ... ..	49	64	113
Died ... ..	48	42	90

Since the commencement of the present year there have been :—

	Male.	Female.	Male.	Female.	Total.
Admitted—Voluntary ... ..	3	3	} 57	64	121
Admitted—Certified ... ..	54	61			
Transferred to other care ... ..	—	—	2	3	5
Departed—Voluntary ... ..	1	1	} 28	31	59
Discharged—Certified ... ..	27	30			
Died ... ..	—	—	33	44	77

There are now on the statutory books the names of 458 males and 578 females, a total of 1,036 patients, all, with the exception of two of each sex, who are on a voluntary footing, are detained on reception orders. So far no temporary patients have been received, and only half a dozen voluntary patients. We hope that, as the provisions of the Mental Treatment Act of 1930 are better known among the local medical practitioners and relieving officers, more patients will be admitted without the necessity of being certified, and of reception orders being made.

There are at present 14 men and 19 women out on trial, and we are glad to see that good use is made of this provision to test their fitness for final discharge. The numbers in residence to-day are 1,003, 444 males and 559 females. The accommodation as returned to us is for 482 men by day, and 495 by night, and for 572 women by day and 588 by night. There are, therefore, 37 vacant beds for males and 10 vacant beds for females.

Private patients number 36 men and 29 women, 27 of the former being of the “Service” or “Ex-service” class. One man and 7 women are chargeable to out-county authorities.

The weekly maintenance charge for home patients is 22s. 9d., and for those of the Private class from 25s. 1d. to 42s. The average weekly maintenance cost as last ascertained was 24s. per head.

We found the patients on both sides generally very contented and well behaved, and apart from grievances of being detained we received no complaints as to their treatment.

Parole beyond the estate is granted to 37 men, and within the grounds to 84. Only one woman has the privilege of parole. Motor drives are given twice a week to the female patients, when 22 women are taken at a time.

The dress and personal tidiness of the patients were satisfactory.

At present occupation therapy has not been started, but the Committee have the matter under consideration, and some members have been visiting some hospitals where it is in full work.

It is proposed to convert the old male laundry into a tailor’s shop, and the work of dismantling the fittings is now in progress.

The male dining-hall is to be relaid, and small separate tables are to be provided as in the female hall. We saw the dinner meal being taken in the two halls and in some of the wards. It consisted of roast beef with potatoes and beans, followed by a milk pudding and appeared to be of good quality.

The day rooms and galleries were tidy and well kept, and there was a good supply of plants and flowers. Male ward No. 1 has been converted for use as an admission ward.

Some painting and redecoration of the wards are in progress at the present time.

The ward gardens are very well kept, and the flower beds were very bright with flowers.

The present nursing staff consists of :—

	Men.	Women.	Total.
Charge and Second charge ... ..	18	15	33
Ordinary ... ..	51	44	95
Night ... ..	9	9	18
<i>Of the above :</i>			
Certificated or registered ... ..	45	9	54
Passed preliminary examination only ... ..	6	5	11

During our tour of the hospital we found on duty 48 male and 35 female nurses.

It is proposed to increase the accommodation at the nurses' hostel for twenty more.

The general health of the patients since the last visit, which was 19 months ago, has been good, with the exception of a mild epidemic of influenza in February, 1933, when 77 patients were laid up and 21 in April this year. There were only two cases of enteric fever with one death, the source of this infection could not be traced, though a thorough examination for possible carriers was undertaken. There were three cases of dysentery, and 3 deaths from this cause. At our visit, there were no cases of enteric fever or dysentery under treatment, and only 7 cases of tuberculosis.

The mortality rate for the year ending December 31st, 1933, was 8.6 per cent. (10.3 males and 7.7 females) which is slightly above the average of 7.2 per cent. for all mental hospitals in England and Wales. The number of deaths was 147 since last visit, and post mortem examinations were carried out in 82 cases.

The main causes of death were senile decay 33, pneumonia 33, tuberculosis 19, organic brain disease 15, and cancer 4.

There has been one inquest held since last visit, the particulars of which have been reported to our Board.

Since last visit there have been 21 serious, but not fatal, casualties which include 8 fractures of bones of the arm, 12 of the leg, and one dislocation of the shoulder, all of which were accidentally sustained either by a fall, or being pushed over by another patient.

The laundry has been redecorated and new electrical machinery has been installed, including a new six-roll calender, hydro-extractors, etc. We noticed that the single-roll calender was not in use, but should it be used, we consider that an additional guard to prevent accidents should be fitted, as explained to Dr. Fuller. The lid of the hydro-extractor in the foul linen portion requires securing so that it is locked when the machine is in action. A new foul linen section has been completed, which is a great improvement. We were very interested in the disinfection by means of sodium hypochlorite both in the ward bins and in the washing machine. We were pleased to hear that, after its use, the fluid used in the washing was sterile to bacteriological examination, whilst chemically there was still a little available chlorine remaining. An additional advan-

tage is that the solution is practically non-poisonous unless taken in excessive quantities. We should like to suggest as a further precaution in dealing with soiled or infected linen that the bins be disinfected over a steam jet after use, and before their return to the ward.

The dormitories and single rooms with their beds and bedding were tidy and well kept. We were shown a rubber waterproof covering for the mattresses, which should prove very useful in the place of the ordinary waterproof sheeting.

The isolation block is now used for female cases of tuberculosis and colitis. It is most suitable for this purpose as it has a nice verandah, where modern open air treatment is thoroughly carried out with satisfactory results.

The water supply is from wells and has a hardness of 19 to 21 degrees, but with the aid of a very efficient new water softening arrangement the degree of hardness is reduced to  $2\frac{1}{2}$  degrees. The water is thoroughly filtered before it is put into general circulation.

Much care and attention is given to the treatment of the patients, and we were pleased to hear of the sulphur in oil treatment for dementia praecox cases and in a series of 8, 2 had been so much improved that they were discharged, whilst with pyriper in the same disease 2 out of 16 were discharged.

Rutonal in the treatment of epilepsy has given good results; in a series of 25 a considerable diminution in the number of fits has resulted, and two have been discharged. No ill effects have been noted, but in some cases the results are better if it is combined with same doses of bromide.

Dr. Fuller has the assistance of the same two medical officers, Dr. L. A. Finiefs and Dr. J. J. Ryan.

#### BERKSHIRE MENTAL HOSPITAL.

*November 8th, 1934.*

We have to-day visited this Hospital on behalf of our Board, and in the absence of Dr. Woolfe Read on leave, we have been escorted throughout our tour by the Deputy Superintendent, Dr. Holder, and by Dr. Rohan, who have rendered us every assistance.

Since the visit of our colleagues nearly a year ago, work has been started on the new building which is to house 100 female patients. The walls are now up and the roof is being put on. The whole building is to be ready for occupation early in the New Year. It will be a most useful addition to the Hospital. The question of an Admission Hospital is one, which we are sure, is being given consideration by the Committee. Such a unit is much needed.

We believe we have seen all the patients in residence, 898 in all. Of these 5 men and 6 women are voluntary patients, and 352 and 535 women are certified. One patient of each sex is out on leave or on trial. This gives a total of 900 on the statutory books. Thirty men and one woman are in the private class, all the men being in the service or ex-service group.

Upon the figure before us there is no deficiency of accommodation except on the female side by day, where there is overcrowding to the extent of 43. Problems, which are usually associated with overcrowding, do, however, appear to exist and proper classification has become a difficult matter. It must be remembered that 90 Berkshire patients are boarded out under reception contracts. There are, in addition, 40 female patients now housed in the Hungerford P.A.I.

The weekly maintenance charge for rate-aided patients is 17s. 6d. and for private patients from 21s. 3d to 24s. 6d. The average weekly maintenance cost is 17s. 1.1d.

Fifteen men and 8 women have parole beyond the estate and 31 men and 87 women parole within the grounds. Two wards on each side are administered on the open door principle.

The present staff of nurses is as follows :—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	7	11	18
Ordinary	...	...	...	...	...	...	41	40	81
Night ...	...	...	...	...	...	...	7	8	15

Twenty-one men and 17 women have been certified or registered as Mental Nurses, and 9 men and 5 women have passed the preliminary examination.

The patients appeared on the whole to be happy, and the complaints we received, except on the score of detention, were few. We gave five private interviews, but no action is necessary in any case. Except in the noisy wards, the demeanour of all patients was quiet. We saw one very noisy female patient in an acute ward, whose care is a constant problem to the medical and nursing staff. She is housed in a side room off the main corridor of the ward, and she is a constant disturbance to the other patients. We think she should be placed in a side room in another part of the ward where she would not be so easily heard. We appreciate that this patient is suicidal and that she requires 2 nurses constantly with her, but the comfort of the other patients is in our view of paramount importance.

The nursing of the patients appears to be careful and kindly, but we thought that some of the wards particularly on the female side were understaffed. For instance F8, which is the admission and infirmary ward, has 64 patients by day, of whom 2 are epileptic, 7 are on special caution cards, and 21 are being nursed in bed. The number of nurses is only 5. In the course of our enquiries we gathered that the Medical Superintendent and Matron find an increasing difficulty in securing a supply of the right type of nurse. The position is one of some anxiety and we would draw the attention of the Visiting Committee to it. At present the nursing staff is housed throughout the hospital. We feel that the provision of a Nurses' Home would help to solve the nursing problem here.

To-day all the dormitories and day rooms were undergoing their bi-annual cleaning and we were pleased to see the thoroughness with which this was being carried out. Many of the wards have recently been redecorated, others are badly in need of repainting, and are, we understand, shortly to be done. New lavatory basins have been placed in some of the sanitary spurs, and some of the very out of date ones in other wards are to be replaced. We hope that both hot and cold water will be laid on to the basins which are to be put in.

We were pleased by the show of autumn flowers in nearly all the wards.

Many of the day rooms would be improved by the introduction of more comfortable chairs. The female villa and other better wards are badly off in this respect.

Nearly all the beds in the hospital are of an obsolete type, and will, we hope, be gradually replaced.

The storeroom space is poor, and there is no accommodation for outdoor garments. In one ward all the overcoats were placed in a heap on the floor and in others they are made into bundles and kept on the benches. This method of dealing with clothing is extravagant and ruins the appearance of the garments. An urgent need here is the provision of rails and coat-hangers, and we hope that these will be installed.

In the laundry we noticed that the calender is in need of further protection of a kind we have explained to Dr. Holder against accident.

In the kitchen we noticed there was no fish fryer, and we ascertained that for fish dinners, ready-made fish cakes are bought and heated in the ovens. To-day's dinner consisted of boiled meat and two vegetables, and looked appetising. On examining the diet we came to the conclusion

that it might be on a more generous scale, and we discussed various methods of improving it with Dr. Holder.

We were glad to hear that the installation of a talking film apparatus is under consideration, and we hope that the Committee will consider the possibility of portable wireless sets in some of the wards.

There is a big opening at this hospital for the development of treatment upon occupational lines. We saw 9 or 10 men working in an occupation room on rug-making and fretwork, and we understand that two do a little raffia work. A beginning has, therefore, been made and we hope, out of this modest start, really valuable work will result, and that the nursing staff will become interested. At present the range of arts and crafts is so limited that progress will only be possible when the instructors, who are nurses, themselves receive instruction which we believe they could do at some centre such as Reading. We would like to suggest that the Matron and Head Male Nurse should visit one or two hospitals where occupation therapy is fully organised.

The general health of the patients since our last visit has been good, and we were pleased to note that there had not been a single case of enteric fever or dysentery for many years. No influenza was reported last year. At our visit there were only 4 cases of active tuberculosis, 3 males and 1 female, who are being treated by up-to-date open air methods. The number in bed, 82 females and 39 males, were mainly there for physical reasons, and all showed evidence of good care and attention.

The mortality rate for the year ending December 31st, 1933, was 10·1 per cent., which is higher than the average (7·2 per cent.) for all mental hospitals in England and Wales.

Since last visit there have been 71 deaths and post-mortem examinations were held in 25 cases—which gives a low percentage ; but we were pleased to note that the reports in these cases were fully detailed. The main causes of death were heart disease (18), organic brain disease (17), senile decay (9), general paralysis (4), cancer (2). No inquests have been held during the same period, and only 2 fractures have been reported. Both of these were accidentally sustained.

We were glad to hear that the out-patients' clinic at the Royal Berkshire Hospital, Reading, was doing increasingly useful work.

#### BRECON, RADNOR AND MONTGOMERY (MID-WALES COUNTIES) MENTAL HOSPITAL.

*February 21st, 1934.*

We have to-day paid the annual visit to this hospital on behalf of our Board and have seen abundant evidence of the progressive spirit which animates those responsible for its administration.

There are to-day in residence 202 men and 269 women, three of the latter being voluntary patients and one of the former a temporary patient. Private patients number 30 (20 male and 10 female), of whom 13 men are shewn in the service or ex-service class. There are no out-county patients, and no patient is at present on trial.

The hospital is to some extent overcrowded, as there is a deficiency of accommodation by day for 21 men and 25 women, and by night for 3 women, while there are 17 vacant beds on the male side. These figures correspond very closely with those recorded by our colleagues at their visit 7 months ago.

We were glad to hear that Dr. Drummond constantly bears in mind the possibility of the removal of quiet chronic patients to public assistance institutions, and of mental defectives to institutions better suited to their needs. We have also discussed with him the possibility of boarding out suitable cases under Section 57 of the Lunacy Act, which permits the Committee to hand over a patient to the care of a relative or friend and

pay to such person, as an allowance for the patient's maintenance, a sum not exceeding the expenses which would be incurred on his account if he remained in the mental hospital. This section has been found useful elsewhere in country areas such as this hospital serves.

During 1933, 3 women were admitted as voluntary patients and 1 as a temporary patient, and since January 1st, 1934, one man has been admitted as a private temporary patient and 1 woman as a voluntary patient. We were sorry to hear that at the present time a resolution is in force placing a ban on the admission of male voluntary patients. We have discussed this question with Dr. Drummond and gather that the reason for this departure is that the accommodation which they would have to occupy is considered unsuitable for early recoverable cases on account of the possibility of their having to consort with more or less chronic and sometimes noisy patients. While this may be to some extent true in existing circumstances, we cannot but feel that the decision is unfortunate, since it may deprive a patient desiring early treatment of one of the most beneficent provisions of the Mental Treatment Act. We hope that the Committee will do everything in their power to overcome the difficulty.

We found the premises generally in excellent condition. The day-rooms are tastefully decorated and well furnished with colourful pictures on the walls. It is obviously appreciated that a bright and cheerful day-room may contribute considerably to the contentment of the patient and also in some cases to improvement of their mental state. A good supply of plants and flowers was also in evidence and the provision of daily papers, books and games appeared to be ample. Coat-hangers have been installed in the cloak-rooms of all wards on both sides where such action has been found practicable. Bells have been installed in the dormitories of the new female block as suggested by our colleagues last year.

We were interested to hear that the treatment of the walls and ceiling of the recreation hall with a preparation to overcome acoustic disabilities, has proved entirely successful.

The patients generally gave an impression of contentment with their surroundings. They were neatly dressed and shod. Much attention is paid to the dress of the women, many of whom are allowed to choose the material for their dresses, which are then made to measure.

A feature of this hospital is the amount of parole granted and the number of wards administered on the open door principle. Fifty-four patients have parole beyond the estate and 159 within. No less than 3 wards on each side in the main building, together with the Farm ward and the new female block, are "open." This freedom from restriction, coupled with the good arrangements made for occupying the patients, no doubt accounts for the contented atmosphere we found prevailing. We would add also, that excellent relations appeared to us to exist between the medical and nursing staff of the hospital and the patients; many of the latter spoke with appreciation of the efforts made for their welfare.

As indicated above occupational treatment is making good progress here. On the female side one of the wards where quieter patients are accommodated serves as an occupation room and here provision is made for the application of the treatment to patients from the rest of the hospital. Nurses are given training here and then return to their own wards to train the patients there. A disused dormitory on the male side has been taken over as an occupation centre with a male nurse, who was sent away for a six weeks' course of training, in charge. This nurse appeared to understand the purpose of the treatment well and good progress is being made with the training of the male staff on similar lines to that adopted in the female division. We were glad to observe that the patients being treated in these two centres were of types not easily employable in ordinary circumstances and that there was quite a good variety of crafts being practised. Every possible use is made of outdoor employment and it was satisfactory

to hear that the patients of the new female block take great pride in the cultivation of their ward garden.

The mortality rate for 1933 was 4·9 per cent. Since last visit, which was made on July 18th, 1933, there have been 14 deaths. Post-mortem examination was made in 64 per cent. of these deaths and no inquest was necessary in any instance.

Heart disease caused 4 deaths, general paralysis, senile decay and organic brain disease, each caused 2 deaths ; the remaining deaths being due to variable single cause.

There were 4 accidents of serious, but not fatal, importance. In three, fractures of bone of the upper extremity and in one fracture of the femur were sustained. Three were of purely accidental origin whilst the fourth was due to the action of another patient. As regards epidemic disease, the hospital has had a clean bill of health and there are but 4 patients at present suffering from tuberculosis.

The admission block which is for female patients, has a well equipped X-ray room where " light treatment " may also be applied. A continuous bath has been provided, but as yet there is no laboratory.

Malarial therapy is made use of and treatment by means of modified prolonged narcosis has been on trial. Occupational therapy has already been mentioned and constitutes a very important feature in the treatment of patients.

Abundance of light, good ventilation, satisfactory arrangements regarding personal hygiene, and plenty of open air exercise are all highly valuable in the maintenance of health and in the restoration of mental health. We notice with great satisfaction that in these important matters the patients of this hospital receive much consideration.

The nursing staff numbers 75, of whom 32 are male and 43 female. No female nurses are employed on the male side. Nineteen males and 12 females nurses are certificated or registered as mental nurses, and 10 others have passed the preliminary examination. We were very well pleased with the efficiency and attention of the nursing staff which we observed during our visit. Their attitude in the care and management of patients is of the utmost importance and we found much that satisfied us that an excellent tone prevailed.

Dr. Drummond continues to be assisted by Dr. W. H. Rees. We take this opportunity of thanking them for the arrangements made during our visit.

#### BUCKINGHAMSHIRE MENTAL HOSPITAL.

*June 22nd, 1934.*

We have to-day paid a visit of inspection to this hospital on behalf of our Board and are satisfied that the standard of administration, control and nursing care of patients so favourably commented upon by our colleagues in previous reports is well maintained.

We believe that we have seen all the patients in residence and have spoken to very many, none of whom had any complaint except such as arose out of their mental conditions and we were particularly pleased with the general happy relationships existing between patients and staff.

The number returned to us as being in residence to-day was 340 males and 418 females which with one male and 2 female patients away on trial gives a total of 761 patients on the statutory books.

The status of these patients is as follows :—

							Male.	Female.	Total.
Voluntary	...	...	...	...	...	...	13	14	27
Temporary	...	...	...	...	...	...	—	1	1
Certified	...	...	...	...	...	...	328	405	733

Three male and 2 female voluntary patients are private patients ; also the temporary patient and 70 male (including 29 service or ex-service patients) and 31 female certified patients are numbered amongst the private class.

There are in residence 5 male and 3 female out-county cases and 10 male and 39 female patients are boarded out with other counties.

The total accommodation for males by day is 356 and by night 325, showing a shortage by night of 16 : on the female side, the total accommodation is 360 by day and 370 by night, showing a shortage of 60 by day and 50 by night. This shortage of accommodation is about the same as at the time of the last visit 18 months ago, but will be relieved by the additional buildings already under consideration.

The maintenance charge per head for home patients is returned to us as 18s. 1d. and for private patients from 18s. 1d. to 42s. per week. The average weekly maintenance cost as last ascertained being 18s. 0.146d. per head.

Considerable use is made of parole : 43 men and 10 women having parole beyond the estate, and 22 men and 18 women are allowed this privilege within the curtilage.

One ward on either side is administered on the open principle to the grounds.

During our tour of inspection we noticed that in certain non-observation dormitories patients occupying single rooms could not leave them at will or get attention easily in case of necessity and have to wait until the hourly patrol. We suggest that these rooms should be left open and occupied by trustworthy patients only.

We are also of opinion that in cases where patients are bedded on wooden floors, two mattresses should be provided.

In the kitchen we were told that there is no wash basin for use after visiting the sanitary annexes. We regard this as a necessity and hope it will have attention.

The single-roller calender in the laundry needs a wire guard above the safety rail to prevent hands being caught when extracting an article—an accident which has not infrequently occurred ; also the hydro-extractors, although we were told that patients do not operate them, should have safety devices to prevent opening whilst running.

We discussed the question of organized games with Dr. Kerr—a matter referred to in the last report—and whilst we fully realize the staff difficulties, we agree with our colleagues that something should be attempted in this respect as part of the occupation therapy which is slowly finding its way into this hospital.

On the question of occupation therapy in general, we noticed with pleasure that ward classes are held on the female side, but judging from the numbers of unoccupied female patients seen to-day, we feel that more could be done in this direction and suggest that the appointment of an Occupation Officer should have the favourable consideration of the Committee.

Library arrangements are satisfactory so far as the number of books in the wards and in a central bookcase are concerned, but we feel that there is a need for a central library in charge of an official to which patients can have access for special books and where they can, if they so desire, read in quietness or write and from which organized changing of ward books can be carried out.

The general health of the patients has been good. The mortality rate for the year ending December 31st, 1933, was 7.7 per cent. which compares very favourably with average of 7.2 per cent. for all mental hospitals in England and Wales.

During the period under review there have been 92 deaths (48 male and 44 female) and in 64 cases post-mortem examinations were made,

The principal causes of death were : heart diseases 37, senile decay 17, organic brain disease 7, pneumonia 6, cancer 4, and general paralysis 2.

We were pleased to note that there have been no cases of enteric fever or dysentery for many years. At the beginning of this year there were a few cases of influenza amongst the patients and staff.

Two cases of possible tuberculosis are under observation.

There were 90 patients in bed, mostly senile or for mental reasons. They showed every evidence of careful nursing and attention—several expressed their gratitude.

Two inquests have been held, one of which was on a patient whose death was due to shock prior to admission and the other a suicide. The particulars of both have been communicated to our Board.

There have been two serious but non-fatal accidents, the causes of which do not in any way reflect on the staff. The fewness of such accidents is evidence of careful supervision.

The treatment of fouled linen which is in the charge of a male patient, may not prove to be altogether satisfactory. The length of time allowed for boiling is not definite and we suggest that more supervision is needed here. We also advise that the effluent from the hydro-extractor should be examined for micro organisms as a test of efficient sterilization.

We believe that the hygiene of sanitary annexes is well understood by the majority of the staff but in one instance, at least, this was not the case more attention being paid to the floors than to the walls or doors.

Out-patient clinics are not provided from this hospital and indeed, it is impossible to do so with the present small medical staff which, no doubt, will be increased when the proposed extensions are completed. Such patients attend at clinics held at Oxford, Northampton and also London.

The nursing staff consists of 41 male and 48 female nurses of whom 6 of each sex are on night duty. Thirty of the male and 8 of the female nurses are certificated or registered and six of each sex have passed the preliminary examination in mental nursing.

During our visit we had the pleasure of Dr. Kerr's company—Dr. Anthony was on leave and Dr. Tizzard away for professional examination purposes.

#### CAMBRIDGESHIRE, ISLE OF ELY, AND BOROUGH OF CAMBRIDGE MENTAL HOSPITAL.

July 19th, 1934.

We have to-day paid the annual visit on behalf of our Board to this institution and can report that we are generally quite satisfied with the condition of affairs which we found prevailing here.

From statistics furnished to us we find that during 1933 there were :—

	Male.	Female.	Male.	Female.	Total.
Admitted—Voluntary ...	3	3	54	73	127
Admitted—Certified ...	51	70			
Departed—Voluntary ...	2	6	20	48	68
Discharged—Certified ...	15	39			
Transferred to other care ...	3	3	27	70	97
Died ...	—	—			

Since the commencement of the present year there have been :—

	Male.	Female.	Male.	Female.	Total.
Admitted—Voluntary ...	2	3	34	49	83
Admitted—Temporary ...	—	1			
Admitted—Certified ...	32	45	10	17	27
Departed—Voluntary ...	1	4			
Discharged—Certified ...	6	12	14	12	26
Transferred to other care ...	3	1			
Died ...	—	—			

The provisions of the Mental Treatment Act, 1930, have to some extent been utilised as regards the admission of patients on a voluntary basis,



During our tour of the wards we found on duty 22 male and 33 women nurses.

Since last visit, 17 months ago, the general health of the patients has been very good. There have been no cases of dysentery, but there were 3 of enteric fever, all females, and all from the same ward. The source of infection was a carrier patient who had the disease, and was treated for it in this hospital in 1923 ; she has since died. The patients in the ward in which these cases arose were all tested, and none except the carrier gave a positive result.

At our visit there were 9 cases of tuberculosis (4 males and 5 females) who are receiving open air treatment under the best of conditions. The other cases in bed showed evidence of careful nursing and attention.

The mortality rate for the year ending December 31st, 1933, was 13.4 per cent., which is much higher than the average of 7.2 per cent. for all mental hospitals in England and Wales. The majority of these patients died when well over the age of 60, twelve being over 80, and one over 90.

Since last visit there have been 84 deaths and post-mortem examinations were held in 49 cases. The principal causes of death were heart disease 29, pneumonia 20, organic brain disease 7, general paralysis 5, and cancer 3.

No inquests have been held, and there have only been two serious accidents both fractures due to accidental falls ; this small number of accidents speaks well for the nursing care the patients receive from the staff.

It is with regret we hear that Dr. Travers Jones is no longer connected with the clinic at the Addenbrooke's Hospital, as his attendance there was one way of attracting voluntary patients to come for treatment to this hospital.

We should like to suggest for the consideration of the Committee, the question of having out-patients clinics at March and Wisbech, as patients in those areas are often unable to attend at Cambridge owing to the cost of travelling.

Dr. Travers Jones has the assistance of the same two Medical Officers : Dr. J. G. T. Thomas and Dr. F. M. Deighton.

#### CARMARTHEN, CARDIGAN AND PEMBROKE (JOINT COUNTIES) MENTAL HOSPITAL.

*July 6th, 1934.*

Our visit to this hospital has occupied the whole of yesterday and this morning and we have been struck by the many improvements which have recently been taken in hand.

To-day there are on the statutory books of the hospital the names of 363 men and 341 women, of whom 7 and 2 respectively are on trial and one man at Carmarthen Infirmary, leaving 694 patients in residence.

Considerable reorganization is at present in progress in regard to accommodation, and since the last visit the room formerly used as a day room by the laundry workers has been taken over as a female dormitory with 12 beds. Despite this extra accommodation, however, there is at the present time a deficiency of accommodation for 20 female patients by day and 46 by night, while the male side is overcrowded to the extent of 90 places by day and 3 by night.

It will be seen from the above that the question of overcrowding continues to remain very serious and we are therefore glad that the erection of an Admission Hospital and other buildings for patients is contemplated. Quite apart from the relief of overcrowding, an admission unit with modern treatment centre is essential for the treatment of recent cases of mental disorder and efficiently dealing with cases under the Mental Treatment Act.

We are sorry to find that no voluntary or temporary patients have yet been received here. We gathered that this is due to some legal

question which has arisen as to the construction of Section 6 of the Mental Treatment Act. We regard the present position as singularly unfortunate and would point out that, whatever the reason for the delay may be, its effect is to deprive a number of the inhabitants of the area served by the hospital of their right to mental treatment without certification; we hope that urgent steps will be taken to overcome the difficulty and thus bring this hospital into line in the respect mentioned with practically every other mental hospital in the kingdom.

We note that during the year 1933 none of the 23 patients sent out on trial was granted money allowances.

Since the last visit male ward 6 has been converted into a male hospital and electrically installed. Female ward 2 has been sub-divided and female ward 3 created (with sanitary annexe) for use for recoverable cases. A sanitary annexe has been completed for male ward 1. Verandahs are at present being added to the male hospital. We were also glad to find that the installation of electricity throughout the hospital was progressing rapidly; completion of this work is expected by October 1st next. An improvement in contemplation is the sub-division of the main ward gardens on each side—now serving 4 wards in each case—to obtain better classification therein.

Despite the overcrowding in the day rooms and difficulty as regards classification in the ward gardens, we were struck by the lack of excitement and noise. We received very few complaints, other than on the ground of detention, and such as we did receive proved on investigation to be without substance. Considerable attention is being paid to the dress of the women and the clothing of both sexes seemed satisfactory.

Much has and is being done in the way of exterior and interior repair and decoration. During our tour of the wards we found them generally clean and in good condition, with a good supply of books, periodicals, etc., and games. We should like to see some bright posters substituted for the rather old-fashioned pictures in the better conducted wards. We understand that the provision of lockers for the last-mentioned wards is now in hand, together with coat-hanging equipment in the women's cloak room. As regards the dormitories the only suggestion we have to make is the installation of an electric bell in the room in Ward 1 occupied by private patients. This room is at some distance from the sleeping quarters of the nearest nurse and some means of summoning help in case of need appears desirable.

We enquired into the arrangements in case of fire and understand that, owing to some doubt having arisen as to sufficient pressure being available, a sub-committee of the Visiting Committee has been appointed to consider these arrangements generally.

The question of out-patient clinics is receiving active attention at the hands of the Committee. We regard such clinics as essential to the mental health service of the area and hope that the negotiations with the several voluntary general hospitals now in progress will be brought to a successful conclusion in the near future.

We have paid some attention to the means of occupation and employment provided for patients and to their amusements and recreations. Rather more than half the patients are occupied in ward work, on the farm and garden, in various shops or in the sewing room, kitchen, etc. Of the number returned as employed a large proportion (over 50 per cent.) are engaged in ward work only, a rather high proportion. Throughout the country the importance of occupational treatment for patients is being increasingly recognized and we were therefore glad to hear that two nurses of each sex are at present receiving instruction in handwork at the local Arts and Crafts school. Instruction of patients by some of these nurses has already commenced on the female side, where we saw some well-made and attractive wool rugs and we understand that considerable extension of occupational work is contemplated when these

nurses have finished their course. In this connection we would stress the desirability at the outset of using the latter to train the other nurses with a view to the introduction of occupations in the wards. In the course of our visit we have seen the old laundry which could, we feel satisfied, be converted at little expense into a good occupation and recreational centre for both sexes.

For the year 1933, the mortality rate was 8·3. Since the last visit there have been 36 deaths, post-mortem examinations having been made in rather over 50 per cent. of the cases.

The principal causes of death have been associated with diseases of the circulatory (14 cases) and respiratory (15 cases) systems. No inquest has been required since the last visit, and no serious casualty has occurred during the same period.

Of the epidemic diseases there has been no case of influenza ; 1 case of enteric fever occurred about three months ago, and there have been 6 cases of dysentery, 1 in a member of the staff, with no death resulting. At the present time there is 1 male patient suffering from dysentery, and 15 known cases of tuberculosis. The incidence of this last disease is high, almost double the average for all mental hospitals in the country, and we were pleased to find that steps have been taken to provide verandah treatment in the male sick hospital.

The staff of nurses consists of 37 men and 38 women by day and 5 of each sex by night, showing a total increase of 6 since last visit. It will be noted that the number on night duty has been increased by 2 on each side. The number of certificated or registered nurses is 44, of whom 26 are registered without examination. Ten of each sex have passed the preliminary examination only. We were pleased to find that the provision of a Nurses' Home, which will add greatly to the comfort and efficiency of the staff, is being considered.

The medical staff remains as shown in the last Report.

#### CHESHIRE MENTAL HOSPITALS.—1. UPTON, CHESTER.

*February 9th, 1934.*

We have to-day finished the inspection of this hospital on behalf of our Board, and although the hospital is not looking its best owing to the large amount of work of alteration and improvement which is going on at the present time, we had a most satisfactory visit and are able to say that the works are being carried on with the least possible inconvenience to the patients.

During 1933, 342 patients were admitted, 15 were transferred to other care, 209 left or were discharged, 44 were allowed out on trial to test their fitness for discharge, and 120 died. During 1933, 35 voluntary patients were admitted, and 11 temporary. There are now in the books of the hospital 1,674 patients, 719 being men and 955 being women, these figures include 18 voluntary and 4 temporary patients. Private patients number 139, of whom 87 are service or ex-service patients, and 47 are women, and these figures include 3 voluntary and 2 temporary patients. The figures given to us to-day show that the hospital is over full to the extent of 24 men and 198 women, calculated on day space, and 24 men and 56 women calculated on night space.

The weekly maintenance charge per head for Home patients is 15s. 9d., and for Private patients 28s., while the weekly cost as last ascertained was just over 16s. 3d.

Fifty-eight men and 19 women have parole beyond the estate, and 82 men and 8 women have parole within the estate.

The staff of nurses is as follows :—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	10	21	31
Ordinary	...	...	...	...	...	...	51	102	153
Night	...	...	...	...	...	...	9	20	29

Twenty-five women are employed on the male side.

Fifty-two men and 64 women are certificated or registered as mental nurses, and 8 men and 23 women have passed the preliminary examination.

As has been indicated above much good work has been and is being done for the improvement of the hospital, and so far as we could judge when it is completed it will be a very marked improvement, giving more space, better lighting and ventilation, and giving increased lavatory accommodation, which is very badly needed in certain places. Some of the re-decoration at the Annexe is most attractive and comfortable-looking. The new work room, which is being used temporarily as a day room will, we think, be admirably suited for the purpose, being very well lighted and it has a door into a garden where it is proposed to have a part cemented so that the sewing and other machines may be pushed into the open when the weather is suitable.

We were very interested in one part of the hospital to see two of the side rooms in which the blank wall is blackened for a considerable area and treated so that it can be used as a blackboard; a small piece of chalk is provided so that patients who wish to amuse themselves by drawing can do so to their hearts' content without destroying the County property. We were told that these rooms were most useful in certain cases.

We found the wards well kept, well furnished, warm and comfortable, the lavatory annexes were clean and well aired, and in the dormitories the beds and bedding were all that could be desired.

In one workshop we saw a number of what would appear to be most unpromising patients doing good work, taking a pride in it and doing it well, and great credit is due to the instructors concerned.

A number of trollies on two old motor wheels, well balanced and light, have been made in the hospital, and a large number of both male and female patients are able to be employed transporting various things from one part of the hospital to the other.

In the new visiting room we should like to see the addition of a few easy chairs.

We hope the Committee will at their next visit make a point of examining the billiard table in male ward 6, when we feel that they will agree that the cloth and cushions have done real good work in their time and that a new cloth and new cushions are overdue.

We were glad to hear that an opportunity is now being taken when some old beds are being scrapped, of using the wood, or some of it, for making more lockers.

In the laundry some machinery, to which two of our colleagues drew attention last year, has now been adequately guarded.

We were very much struck by the friendliness and kindly feeling prevailing in every part of the hospital, and we found the patients very free from complaints, very contented and happy. In the most turbulent wards there was no noise, no disorder, and no sign was given to us that the patients were of a difficult type.

The mortality rate for 1933 was 7.2 per cent. Since the last visit there have been 113 deaths. Post-mortem examination was held in 47 only. We hope it will be found possible to increase the percentage of these examinations for the sake of patients in the future, who will benefit from any knowledge so gained.

General paralysis was responsible for 15 deaths. Treatment by malaria and tryparsamide was carried out in special rooms on a considerable number of patients who suffer from this illness in the course of a

year. We hope that in future patients will be sent here at a sufficiently early stage for treatment to have a chance of doing real good.

Tuberculosis caused 4 deaths. The number notified here (10·9 per thousand) tends to be higher than in all mental hospitals, but the death rate is not high. There are at present 27 of each sex under treatment for this illness.

Heart disease accounted for 47, and pneumonia for 14 deaths. Three inquests have been held; 1 upon an elderly patient who died following an accidental fracture, 1 upon a man who had swallowed a large number of foreign bodies before admission, and the third upon a patient who committed suicide. No comment is called for in these cases.

There have been 7 cases of dysentery, all but one, who died, being on the female side. The last was in January of this year. No patients are at present under treatment.

Two women patients, one of whom died, were diagnosed as suffering from pellagra last year.

The casualties include 6 fractures from falls.

There are still a number of young mental defectives in the hospital.

An excellent beginning has been made in the practical working out of a scheme of occupation therapy for the whole hospital. Recently a party of 11, including 2 assistant matrons and other members of the nursing staff, visited Sandpoort Mental Hospital, in Holland, with the Occupation Therapist, to see the intensive work that is being done there. One or two wards here have already been brought into the scheme of therapy; the admission wards send patients for this treatment but will be better provided for when the new accommodation has been put up. We saw a party of nurses attending an occupation therapy class during an hour when the patients were at dinner to-day. The participation of the nursing staff in the work, the fact that it is complementary to and not in conflict with the ordinary work of the hospital and the progressive lines on which its future development is planned are very encouraging features.

We were very pleased to see such a keen and active spirit in the medical and nursing work. The collaboration with consultants, the free use of continual baths, the treatment of lupus by ultra violet radiation, and of rodent ulcer by X-rays, and the careful routine examinations, are indications of this. Case histories are supplemented by information obtained by the social worker. Occupation therapy, as has been said, is increasingly used; moreover, modern psychological methods are used within the limit imposed by the amount of work to be done, both in the hospital itself and in the out-patient clinic. This cannot fail to be of increasing value as the years go on. The progressive and scientific attitude has not interfered with, but has rather enhanced, the kindly and sympathetic relationship between patients and staff.

We congratulate the Committee upon the work done at their hospital by Dr. Grills and his staff.

Our visit was a most satisfactory and extremely pleasant one.

#### CHESHIRE MENTAL HOSPITALS.—2. PARKSIDE, MACCLESFIELD.

*February 14th, 1934.*

During 1933, 204 patients were admitted at this hospital, including 8 voluntary patients; of these, 8 were transferred to other care, 95 departed or were discharged (52 upon recovery), and 77 died. Fifty-five patients were allowed out on trial to test their fitness for discharge, money allowances being granted in 6 cases.

There are now on the statutory books the names of 1,335 patients, of whom 586 are males and 749 are females. Ninety-one men and 69 women are classified as private patients, 56 of the former being service or ex-service patients, and the total number of 1,335 includes 7 voluntary patients. There are no temporary patients.

Three patients at the time of writing are away from the hospital on leave or trial, leaving actually in residence 1,332.

By day there are 42 female patients over the number calculated on the space available, and 36 men and 9 women over the calculated night space.

The weekly maintenance per head for Home patients is 16s. 7½d., and for Private patients from 21s. to 56s. The average weekly maintenance cost as last ascertained was 16s. 4½d.

Thirty-three men and 41 women have parole beyond the estate, and 46 men and 70 women within the estate.

The present staff of nurses is as follows :—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	7	17	24
Ordinary	...	...	...	...	...	...	41	72	113
Night ...	...	...	...	...	...	...	9	17	26

Seventeen women nurses are employed on the male side of the hospital.

Thirty men and 61 women are certificated or registered as mental nurses, and 10 men and 24 women have passed the preliminary examination.

Since the last visit by two of our colleagues, a large amount of additions, alterations and improvements have been made. The list is too long to include in this Report, but among the more important may be mentioned :—

A new reading room for nurses comfortably furnished with a nice library of fiction and the beginnings of a library of medical books.

A cinema operating box on the outside of the hall, and the necessary removal and alteration of the talking film apparatus.

A new shelter enclosed with glass in the park where the patients and their friends can take tea.

New ward lavatories in F5. New teak flooring in F9 and M5. Improvements to garden walks. New rubber flooring in kitchen vestibule and a large amount of internal and external painting.

Among the works contemplated are a new occupation room, including sewing room, a jam, pickle, sausage and brawn making room, and an extension to the existing male occupation room. This latter is an extremely nice light room, largely of glass, with teak floor, and the windows doubled so that a proper temperature can be maintained in cold weather.

The park is a most attractive feature of the hospital and will become more so when the trees are grown up. Meanwhile, the pond now holds some wild fowl and the fountain gold fish and the aviaries are well filled with birds of all sorts, large and small, including golden and amherst pheasants in the best of plumage.

On our arrival yesterday we found a class of the most difficult women having exercise with a large football which was being thrown by and returned to the assistant occupation officer who stood in the middle of the circle. The women seemed to be enjoying it, and the discipline and exercise and change of scene must obviously be very beneficial. A similar class is held every day. In the evening we saw two squads, one of men and another of women, doing physical drill and marching. The women were dressed in brightly coloured jumpers and shorts and the men in vests and shorts. The drill reflected the greatest credit on the instructors and all concerned. We found the patients very contented and orderly, the so-called turbulent wards being as peaceful as any of the others. The patients were very friendly and particularly free from complaints and seemed to be on friendly terms with the medical and nursing staff.

We discussed with the medical superintendent the possibility of the more frequent shaving of the men. A man when unshaved does not appear to the best advantage and a more frequent application of the razor would improve the appearance of the wards and patients, besides tending to increase or retain the self respect of the men. Dr. Cormac will, we are sure, do what he can to meet our views, but we realize that the shaving of 700 mental patients is by no means a small matter.

In the wards and dormitories we found everything in good order, with nice pots of daffodils and hyacinths decorating the tables. Here again the noisy wards appeared to be as well furnished with flowers as the better wards.

The old open-air swimming bath has now been turned into a sun-bathing garden and playground with good effect.

In the laundry we thought that a wire netting should be fitted on the old single roller calender as on the newer ones, to prevent the possibility of accident.

In the kitchen in the main building, Dr. Cormac pointed out to us various improvements which are suggested and are obviously very necessary.

The mortality rate for 1933 was 5.83 per cent. Deaths since the last visit were 75. It is very satisfactory to note that post-mortem examinations are carried out in 80 per cent. of deaths.

General paralysis accounted for 5 deaths. Treatment by malaria is carried out, but there is need for the admission of patients at an earlier stage than at present, if they are to benefit from the treatment. Three patients died from epilepsy. Tuberculosis was responsible for 1 death only and there are at the present time 4 male and 2 female patients and 1 member of the staff under treatment for this disease.

The verandah used for nursing this class of case on the female side has been enclosed and fitted with windows since the last visit, and is bright and airy. Influenza was the cause of 7 deaths. There was a small epidemic in the Spring of last year and again (12 cases) recently, affecting patients and staff. The remaining deaths were due to a variety of causes, including heart disease (37).

Inquests were held upon 6 patients, in 4 of whom death was due to natural causes. One was due to illness following injury to the bladder sustained during an epileptic fit, and the other to burns sustained before admission here.

Casualties include 4 fractures and an injury to the trachea sustained on the football field.

Apart from influenza, there has been no epidemic illness of any extent. One doubtful case of enteric fever, 1 of dysentery, 2 of erysipelas (1 a member of the staff), is all there is to record since the last visit.

Occupation therapy is extending steadily. Miss McCormick is in charge with an assistant and two pupils. We are glad to hear that in future nurses will go regularly to the occupation rooms for a month at a time, to learn. On the male side carpentry, brush and basket making and book-binding are taught by the instructor. A difficulty in occupation work is to prevent it from becoming limited and stereotyped. One of the medical officers last year, and the occupation therapist, her assistant and two members of the nursing staff this year visited Holland and saw what was being done there. We hope the plan of visiting other hospitals and teaching centres will be maintained to exchange ideas and bring freshness and variety.

Medical treatment includes not only careful measures of examination and rest but also the active and persevering use of radiant heat, ultra violet radiation, baths of various kinds, as well as gymnastic and occupational treatment already mentioned.

Of the patients in bed, the large majority were there on account of physical illness and were obviously being nursed with care and thought.

Investigation of case histories and some of the other duties of a social worker are carried out by the occupation officer, such as the enquiries into the prospect of employment and supervision on discharge. The laboratory work provides much useful information on new admissions and the routine examinations when illness occurs, must do much to prevent the spread of infection.

Since starting to write the Report we have had an opportunity of seeing the 20-seated motor which goes out three times weekly with parties from the private wards and other patients.

We were accompanied round the whole hospital by Dr. Cormac and the appropriate assistant medical officer. Our visit was a most interesting one, and we much enjoyed it.

September 19th, 1934.

During our tour of the hospital we saw all the patients in residence and spoke to many. The usual complaints on the score of detention were numerous, but in our opinion unjustified. For the rest, complaints were very few and the patients appeared happy and contented, and except for a few noisy cases, well behaved. There are in the statutory books the names of 552 men and 633 women, or a total of 1,185. Of these, 10 men and 20 women certified patients are out on leave or on trial, and 1 female is boarded out under Section 57 of the Lunacy Act, 1890. This leaves a total of 542 men and 612 women, or a total of 1,154 in residence. Of these, 24 men and 8 women, or a total of 32, are voluntary patients; the remainder are all certified. Sixty-four men and 40 women (3 of the former and 2 of the latter being voluntary patients) are in the private class, 41 of the men being service or ex-service patients.

The weekly maintenance charge for rate-aided patients is 17s. 9½d., and for private patients from 25s. to 84s. The average weekly maintenance cost is 18s. 10d.

The present staff of nurses is as follows :—

							Males.	Females.	Total.
Charge	...	...	...	...	...	...	13	15	28
Ordinary	...	...	...	...	...	...	52	70	122
Night	...	...	...	...	...	...	11	9	20

Fifty-one of the male nurses and 23 of the female are certificated or registered as mental nurses. Ten men and 5 women have passed the preliminary examination.

On the 17th we visited the hospital by night and we entered all the wards of the hospital. The visit was most interesting. The patients had settled down for the night. There was little or no noise and the nursing arrangements appeared satisfactory. We were impressed, however, by the possible source of danger in case of fire presented by the old-fashioned key locks on the doors of the 27 single rooms in the old building on the male side. These should, we think, be replaced by spring locks.

We noticed that patients' day clothes had to be folded up in bundles and placed on chairs in the corridors. This is not a satisfactory plan. We will have observations to make later on on the general lack of store room accommodation.

In the female sick and infirm wards no special issue of milk and lemonade is made at night unless particularly ordered for an individual patient. We think that a supply of each should be available in these wards in case it should be required.

We are sure the Visiting Committee is fully alive to the inadequacy and unsuitability of the 1820 and 1840 buildings for the treatment of mental patients to-day and we do not propose to enlarge upon the subject. At the present time they have fallen into a state of disrepair which calls for immediate action, reconditioning and redecoration are alike urgent. The store room accommodation in these buildings and elsewhere throughout the hospital is quite inadequate. The store rooms in the older parts are used as dumping grounds into which everything has to be pressed haphazard which is not in immediate use in the wards. Unused stores, bundles of clothing, patients' treasures, clean clothing, bed linen, out-door garments, cleaning materials, medicine chests, nurses' belongings and rubbish are all to be found packed into these tiny rooms.

There is a need throughout the hospital for rails and coat-hangers for patients' out-door clothing. Lockers for the better type of patient are also needed and could easily be constructed in the carpenters' shops.

We noticed a dearth of brushes and combs on the male side. The patients do not as a rule have their own, and in one ward of 32 patients there were only two in use. We would also like to see an issue of tooth powder to all wards.

In Kendall House, fitted lavatory basins are needed to replace the basins and jugs at present in use.

We were glad to find that several new clinical rooms had been opened off some of the wards and we are sure these are most useful. Another improvement since last visit is the construction of a concrete slope from a door of the male admission dormitory into the garden which enables beds to be wheeled out. The hospital is unfortunately, except for two makeshifts, without verandahs.

The ramp leading up from Foster to Rashleigh Building is in a dangerous condition and needs re-asphalting. In the laundry three of the hydro-extractors have no guards to prevent them being opened when in motion.

At Liskeard and Laninval we thought the houses in good order and we were glad to hear that certain necessary redecoration are shortly to be taken in hand.

The modern Foster Building which now houses the female patients was in good order and on the whole in a good state of decorative repair. The wards were prettily decorated with plants and flowers.

We were glad to see the work which is being carried out by patients for the construction of a bowling green. This game is always popular with patients.

Active steps are now being taken to further occupative therapy, and we observed with pleasure the number of demented patients who are

being encouraged to start in simple tasks such as rag picking and floor cloth making in frames. There are a large number of patients doing raffia work in several rooms set apart for the purpose, and on the male side coir mat making, basket work and carpentry are going forward satisfactorily. We wish Dr. Rivers every success in his plans for enlarging the scope of this important form of treatment.

The general health of the patients since last visit has been good; there have been 73 deaths, and on 34 cases post-mortem examinations were held. In 8 cases, 4 male and 4 female, bedsores were recorded.

The principal causes of death were heart disease 23, senile decay 15, tuberculosis 7, enteric fever 2 (both females), and dysentery 1 (female). The mortality rate for the year ending December 31st, 1933, was 9·2 per cent. (10·7 males and 7·8 females), which is slightly higher than the 7·2 per cent. for all mental hospitals in England and Wales, but we noticed that many of the deaths were in elderly patients.

At our visit there was no case of dysentery under treatment, but there was one of enteric fever, a female nurse who was employed in the isolation hospital and probably contracted the disease from a carrier. At the present time there are 32 known carriers of dysentery and enteric fever (21 females and 11 males). All these cases are carefully supervised and a bacteriological examination of their excreta frequently carried out.

There are 3 males and 8 females suffering from tuberculosis. Open-air treatment for this complaint is carried out as far as the accommodation will allow, but we should like to see all tubercular cases treated in wards or shelters exclusively kept for such cases.

Great care is taken in the treatment of the infected and soiled linen, but we think that the bins used for such material in the isolation block should be specially marked.

Three inquests have been held since the last visit, the particulars of which have been reported to our Board. All the deaths were due to natural causes.

Since last visit there have been 7 serious but non-fatal accidents—6 fractures and 1 dislocation—4 of these were due to accidental falls and 3 were due to the patients being pushed down by fellow patients. We think that the small number of such accidents reflects favourably on the care and attention the patients receive from the nursing staff. In going around we noticed that there were a considerable number of mental defectives of both sexes, several of these would benefit by treatment in a mental deficiency colony and we hope that the Committee will take steps for their transfer to a colony, where training which is not possible in a mental hospital can be carried out. There was one boy in particular whose transfer we consider urgent.

Excellent work is being done in the up-to-date laboratory.

May we reiterate the plea made by our colleagues at their visit last year for the appointment of an extra medical officer. We consider this much needed.

We were pleased to hear that Dr. Rivers holds a clinic at Truro Hospital every month and we hope its usefulness will become more widely extended when it becomes more widely known. Dr. Rivers also sees at the mental hospital patients who find Bodmin more convenient than Truro.

#### CUMBERLAND AND WESTMORLAND MENTAL HOSPITAL.

*May 10th, 1934.*

We have to-day paid the annual visit on behalf of our Board to this hospital and are glad to be able to report that it continues to be well administered by Dr. Madill on modern and progressive lines for the care and welfare of the patients.

From statistics furnished to us we find that during last year, 1933, there were :—

	Male.	Female.	Male.	Female.	Total.
Admitted—Voluntary ...	5	5	57	66	123
Admitted—Certified ...	52	61			
Transferred to other care ...	2	—			
Departed—Voluntary ...	6	4	35	36	71
Discharged—Certified ...	27	32			
Died—Voluntary ...	—	1	38	36	74
Died—Certified ...	38	35			

Since the commencement of this year there have been :—

	Male.	Female.	Male.	Female.	Total.
Admitted—Voluntary ...	2	2	19	22	41
Admitted—Certified ...	17	20			
Departed—Voluntary ...	—	2	5	9	14
Discharged—Certified ...	5	7			
Died—Certified ...	—	—	14	17	31

There are on the books to-day the names of 847 patients—419 men and 428 women. All are in residence, no one being now on trial.

The accommodation is returned as for 398 men and 434 women by day, and 479 men and 460 women by night. On this calculation there are 60 vacant beds on the male side and 32 on the female.

Private patients number 38 men and 18 women, 28 of the former being of the “Service” class. There are 3 of each sex chargeable to four other authorities.

The weekly maintenance charge is for the Home County patients 17s. 6d., and for those of the Private class from 28s. to 35s. The average weekly cost as last ascertained was 17s. 6 $\frac{13}{16}$ d.

To the best of our belief we have given all the patients in residence an opportunity of speaking with us and stating any grievances. We found them generally very contented and well behaved, free from complaints, and on good terms with the medical and nursing staff.

Their dress and personal appearance were clean and tidy. We were glad to see the improvements in the style of the clothes and in variety of colour, but we should like to suggest a few further ones, for instance, a greater variety in sizes of underclothing for both sexes, the provision of a simple type of underskirt of light material for the younger female patients who have been accustomed to wear these at home instead of the flannel underskirt now provided, and the introduction of some stockings of lighter weight and colour than those now in general use, for patients who have been used to such stockings outside. The stockings now in use are very comfortable and suitable for the majority of the patients.

We were glad to see a good number on both sides usefully employed, and that the occupation therapy is increasing. Several patients with severe mental illness were so employed, but we should like to see a greater variety of simple occupations for those of little ability.

In this connection we were most interested to hear of a patient who was formerly so persistently destructive and dangerous as to need a special nurse the entire day. Since she was given rug work and other handicraft she has improved so that she no longer needs a special nurse, and has been able to go out to tea in the city. Such a result must be a great encouragement to all concerned.

The day rooms and galleries were well kept and there was a good supply of plants and flowers. Several of the wards on both sides have been redecorated in bright colours, and internal improvements made to the lavatories and cloak rooms.

There is a good supply of books, and Dr. Madill has solved the question of the destruction of books by patients by having in each ward a book-case, in one half of which are books under lock and key for patients who can take care of them, and in the other half unlocked books of less value which can be taken out at will. We would suggest that it would be an advantage to have a regular interval at which the ward supply of better books should be changed. In one ward we were told that this supply was only changed once a year. When it is possible to start it, we think that some simple book-binding would prove to be an interesting and profitable occupation.

The beds and bedding in the dormitories and single rooms were clean and tidy. Several of the bedsteads were old and not very comfortable. We were glad to hear that they are gradually to be replaced by a more modern type.

We suggest that toothbrush racks should be provided, which could probably be made in the hospital shops.

On visiting the laundry we noticed that the calender required further protection and the covers of the hydro extractors should not be able to be opened whilst the machines were running.

Parole outside the estate is granted to 8 men and 2 women, and inside the grounds to 55 men and 12 women. Male ward 4 is administered on the open-door principle, and so is Westmorland House on the female side.

The mortality rate for 1933 was 8·6 per cent. This may be compared with a rate of 7·2 per cent. for all mental hospitals during the same year.

The number of deaths since the last visit, October 13th, 1933, was 46, and it is satisfactory to know that the cause of death was verified by post-mortem examination in every case. Tuberculosis was responsible for 7 deaths, 3 men and 4 women. The number of patients under treatment for this illness at present is 1 of each sex. The high figures for this incidence and death rate of tuberculosis here have been known for some time. During 1933 the number of cases notified per 1,000 in all mental hospitals was 7·7; here it was 23·4. The death rate per 1,000 in all hospitals was 5·5; here it was 15·2. The interpretation to be placed upon these figures cannot, however, be stated with any certainty, for there is no means of knowing whether these figures represent a really high incidence or a diagnosis made upon less advanced clinical and post-mortem findings than elsewhere. We are glad to know that the matter receives constant attention.

Other causes of death require no special comment.

Two fractures from accidental falls make the total of serious casualties since last visit.

Ten cases of influenza (2 staff), 3 of erysipelas, and 1 of scarlet fever (staff) is all the infectious illness during the same period. There has been no enteric fever or dysentery, though a few suggestive clinical signs of this latter disease were present in two of the seven cases of severe diarrhoea. Bacteriological reports were negative. Experience has shown, however, that positive results are more frequently obtained if the examination is made almost immediately before the specimen has time to cool. There is no patient under treatment for any such condition at present.

The patients in bed at our visit to-day were approximately 13 per cent. of those resident on the male side, of whom about 63 per cent. were in bed on account of physical ill-health. On the female side approximately 22 per cent. were in bed of whom 60 per cent. were there for physical reasons. They appeared to be comfortably nursed, and it was satisfactory to find a considerable number out of doors.

There are 6 voluntary patients now in residence. No temporary patients have at any time been admitted. We saw several cases to-day who in our opinion might have been sent here as temporary patients.

We discussed this with Dr. Madill, who has already considered the question at some length in his annual report.

We saw a good mid-day meal served, and from the dietary submitted to us it is evident that a good variety of dishes is available. We would suggest, however, that a rearrangement be made so that it is not possible for a patient to know that a certain dish will be served regularly on a given day of the week, as is now the case on certain days. The arrangements of meals for 3 weeks at a time has been found elsewhere to be a means of overcoming this difficulty.

The medical notes are carefully kept. It would, we think, be an advantage to arrange for a space for history before admission upon the case sheets, to be filled whenever possible. Useful light is often thrown upon cases by such information. There are unfortunately no clinical rooms in any of the wards.

The present nursing staff consists of:—

	Men.	Women.	Total.
Sub-Officers ... ..	1	2	3
Charge ... ..	8	9	17
Ordinary ... ..	39	45	84
Night ... ..	7	7	14
<i>Of the above:</i>			
Certificated or registered ... ..	22	8	30
Passed preliminary examination ... ..	10	19	29

We were glad to hear of the successes of the nursing staff in examinations, and in particular of the distinction gained by one.

We had an opportunity of discussing with Dr. Madill certain small improvements in the amenities for nurses which suggested themselves, such as hooks upon the doors, and soap dishes in the bath rooms, and hope it may be possible to provide them, and that they will be appreciated and kept in order.

Dr. Madill has the assistance of Dr. J. Braithwaite as his deputy and Dr. Albert Miller as Assistant Medical Officer.

#### THE NORTH WALES COUNTIES MENTAL HOSPITAL, DENBIGH.

*October 22nd, 1934.*

We have to-day visited this hospital and the various villas belonging thereto, and the Admission and Isolation Hospitals.

We began our inspection of the hospital at Trefeirian, and then went on to the admission hospital, the two villas and the Isolation Hospital. We were very much struck by the beauty of the surroundings of the new buildings, and by the comfort of the new villas. Of the Admission Hospital we speak elsewhere. At Trefeirian we found 13 patients. On going upstairs we found that alternative exits had been arranged for all the dormitories, but that there was no smoke door cutting off the front from the back staircase. We feel sure that such a door must have been shown on the plan, but up to the time of writing no plan has been found. As at present arranged the alternative exits are rendered practically useless.

Parts of the building are old fashioned, and some of the wards are very big and difficult to ventilate, and one dormitory we went into appeared to us to be very stuffy, in spite of the fact that two electric fans were running. To-day in some of the wards the mattresses were out for inspection and we were glad to hear that steps are being taken to condemn and renew and remake these articles wherever it is necessary.

We found the patients generally very happy and contented, and free from complaints. The morning had been wet, and we saw most of the women in the day rooms, and most of the men, in the afternoon, in the

ward gardens. The male ward gardens appeared to us to be very overcrowded.

In the kitchen we were somewhat surprised to hear what a large amount of tinned milk is being used, amounting, we were told, to 144 tins a week. The dinner to-day consisted of corned beef, not, we were told, a popular dish. A great deal of time was taken in cutting it up for the patients, and we venture to think that much time would be saved and very much tidier helpings served, if it were cut up with the machine in the kitchen.

We hope that it will be possible before long to place doors on the w.c.'s where they are still lacking. This is especially desirable on the women's side and we think this want of privacy may be very distressing to some patients.

It was with great satisfaction that we heard that the new talking cinema is now in working order, and is proving very satisfactory.

There are now on the books of the hospital 1,314 names, 639 men and 675 women, including 11 voluntary and 7 temporary patients. Fifteen patients are now out on leave or trial, leaving in residence 1,299 patients.

The figures given to us to-day show serious overcrowding, there being 201 over the recognized numbers by day and 198 over by night.

The weekly maintenance charge per head is 18s. 1d. for home and 21s. to 63s. for private patients, the average weekly maintenance cost, as last ascertained, being 19s. 3d.

The present staff of nurses is as follows:—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	12	10	22
Ordinary	...	...	...	...	...	...	65	60	125
Night ...	...	...	...	...	...	...	11	8	19

Thirty-one men and 19 women are certificated or registered as mental nurses, and 26 and 23 respectively have passed the preliminary examination.

The mortality rate for the year 1933 was low, being only 4·2 per cent. Seventy-eight patients have died since the last visit, 46 males and 32 females.

Post-mortem examinations were held in nearly 77 per cent. of the cases. Pneumonia was responsible for 27 deaths, heart disease for 17, and tuberculosis for 12.

Inquests were held on 3 patients who died from the results of self-inflicted wounds. Full details of these cases were reported to our Board at the time.

There were 3 cases of fractured bones, all due to accidental falls.

There has been some diminution in the number of cases of dysentery, and there were no acute cases under treatment to-day. Since the last visit 26 cases have been noted on the male side and 3 on the female. In addition, there have been 15 cases of diarrhoea, 11 being classified as severe. At the present time 4 male and 3 female patients are considered to be carriers of this disease, and 6 females to be carriers of paratyphoid. In considering the possible causes of diseases due to intestinal infection we would like to draw attention to the measures at present in use for the disinfection of fouled and infected clothing. This is done in a large tank of water, with one steam jet, and we are confident that the water rarely, if ever, reaches boiling point. Under these conditions it is very doubtful if the infection is destroyed, and as a means of investigating this matter we suggest that periodical bacteriological tests be made of the clothing after treatment.

A vaccine for the prevention of dysentery is being prepared in the laboratory. All the patients on the male side have been inoculated

during the past few months, with encouraging results. Unfortunately 1 case of dysentery has occurred in the male villa. We suggest that the patients' clothing and all bedding from the villas and reception wards should be kept entirely separate from that in the rest of the hospital. In the Isolation Hospital we found that the disinfectant in use for the cleansing of utensils was not being kept under lock and key, and in another part of the hospital we found an open barrel of disinfectant of a poisonous kind without protection of any sort. It is essential that more care be taken in matters such as these. In the dispensary, too, the key of the poison cupboard had been lost and it was left unlocked.

The Reception Hospital is admirably suited for the treatment of acute mental illness. We were, however, rather surprised to hear that cases are first admitted to the main building and then transferred to the Admission Hospital if considered suitable for treatment there. We consider that it would be far preferable to receive all cases at the Reception Hospital and to transfer unsuitable cases to the main building. We agree that noisy patients should be as far as possible excluded from the Reception Hospital, though many of these cases should be transferred there as the disease passes from the noisy stage.

We found sufficient staff in this unit, and were satisfied that proper observation is kept on cases likely to be a danger to themselves or others.

Unfortunately our visit coincided with a very important meeting of the Committee which lasted all day, and Dr. Jones was unable to accompany us on our tour of inspection. In his absence, Dr. Hutton and Dr. Roberts gave us much help and all the information we required. In the evening we were able to talk over many points with Dr. Jones who, we know, will give them his careful attention.

#### DERBY COUNTY MENTAL HOSPITAL.

*February 21st, 1934.*

During the year 1933 there were admitted at this hospital 148 men and 145 women, a total of 293. Among them were 30 voluntary patients and 7 temporary patients. Nine patients were transferred to other statutory care, 168 left or were discharged, of whom 140 had recovered and 73 died. One hundred and ten patients were allowed out on trial to test their fitness for discharge, money allowances being granted in 22 cases.

There are now on the statutory books the names of 543 men and 579 women, a total of 1,122, including 28 voluntary and 2 temporary patients. To-day, 14 patients are away on leave or trial, leaving in residence 1,108 patients.

The figures given to us show that the hospital is overcrowded by day to the extent of 136 (48 men, 88 women), and by night to the extent of 156 (86 men and 70 women).

The weekly maintenance charge is 19s. 10s. for home and 23s. 7d. for private patients, i.e., service and ex-service patients, and the average weekly maintenance cost as last ascertained is 20s. 3d.

Thirty-six men and 3 women are given parole beyond the estate, and 123 men and 45 women within the estate.

The staff of nurses is as follows:—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	12	13	25
Ordinary	...	...	...	...	...	...	52	62	114
Night ...	...	...	...	...	...	...	13	13	26

Forty-seven men and 35 women are registered or certificated as mental nurses, and 13 and 10 respectively have passed the preliminary examination.

Since the last visit by two of our colleagues, the new house for the medical superintendent has been completed, and Beech House, his old residence, has been converted very satisfactorily for the accommodation of 26 female patients and is now so occupied. Improvements have been made in the waste system in the laundry and in the main block heating system. The Committee have in contemplation a new power house, a new vegetable store, accommodation for fire appliances, and garages. Two convalescent homes and two villas for chronic patients are also under consideration.

We saw most of the patients yesterday, many of them in the ward gardens, and we found them for the most part quiet and orderly, and, except as to detention, free from complaints.

The wards and dormitories were well kept and comfortable, clean and well ventilated. In many of the ward kitchens on both sides of the hospital, we found gas taps of the ordinary type leading to the plate-warming cupboards and rings, and we think that these may be a possible source of danger and suggest that they be replaced by taps to be turned only with a key. We also saw some of the latter type so loose as to be easily turned by the finger and thumb. These should be tightened up.

In some of the strong rooms, we should like to see the interstices between the floor and skirting boards filled up so as to prevent as far as possible leakage of urine behind the skirting boards or into the room below. A large supply of coat hangers is now available on the female side and we were particularly struck by the very nice overcoats on the female side. The older forms of underclothing are gradually being superseded by patterns of more modern type. The fire guards in some of the wards are, we think, not sufficient in a hospital of this sort as the patients can easily reach the fire if they wish. Our experience elsewhere leads us to think that the guards should be such as to prevent either patients or their clothes reaching the fire, either by accident or design.

We saw two occupation classes being held, one in the Admission Hospital under the charge of the lady occupation officer, and one in F4 ward, where 17 dementia præcox patients were busily employed at knitting, embroidery, rug-making, etc. Since they have been induced to work, we were told that they have shown a marked improvement mentally. It is hoped before long to introduce physical drill, and we hope that occupation therapy will be encouraged in every possible way.

The ward gardens are well kept and it is proposed to increase the areas of M. and F9 gardens, and by making runways from the verandahs, the beds will be able to be moved into the gardens when weather conditions are suitable.

Bowls is a popular game here amongst the men, and the hospital is able to put up a good side.

The mortality rate as returned to us for 1933, was 7·8 per cent. for males and 5·8 per cent. for females, with an average population of 528 male and 550 female patients over the same period: these rates are probably about normal.

Since the last visit, 13 months ago, 47 male and 28 female patients have died. Amongst the causes of death are 7 of each sex from general paralysis of the insane, 4 males and 2 females from tuberculosis, 1 male, following an abdominal operation, and 1 male and 2 female patients have committed suicide, the circumstances of which were fully communicated to our Board.

In 50 cases the cause of death was verified by post-mortem examination, and 1 patient of each sex was found to have a bed sore at the time of death, but which on enquiry does not reflect adversely on the nursing staff.

Two patients of each sex have met with accidental fractures during the period under review; one of these, a woman, met with her accident

the day before admission, and 1 of the 2 men was pushed down in the ward garden by a fellow patient.

Dysentery broke out on the female side from March to May last year. This was followed by an outbreak on the male side towards the end of January this year, and there are now 8 cases of clinical dysentery under treatment. The outbreak is causing considerable anxiety to Dr. Hopkins because of the lack of accommodation for effective segregation. All patients and staff are being tested and a good many unsuspected positive results, suggesting carriers, have been discovered amongst the former, as well as some doubtful returns which are being regarded as suspects until proved otherwise. During this investigation, 3 patients were found to be hosts of paratyphoid B.

All the patients are at present in M. wards 1 and 9, but with the greatest care to prevent the spread of infection, this cannot be considered desirable, therefore Dr. Hopkins intends to concentrate all in M1. The absence of a pathological laboratory at this hospital is a drawback to the efficiency of investigating dysenteric specimens which deteriorate so quickly, and we suggest that some facilities should be provided in the hospital during this very important period.

During our visit to the sick we found evidence of good nursing, and the arrangements in the infirmary wards, and particularly in the Admission Hospital, are very satisfactory. Particular attention to the laundry was paid by one of us, who has discussed important points connected with the foul laundry with Dr. Hopkins who, we are sure, will give these matters his earnest attention.

Dr. Hopkins has as his deputy Dr. Haslam Fox, and as his assistant medical officers, Drs. Norton and Nolan.

#### DEVON MENTAL HOSPITAL.

*January 25th, 1934.*

We have spent the past two days paying the annual visit of our Board to this hospital, and we must congratulate Dr. Eager and his staff upon the excellent work carried on here during the past year and upon the progressive spirit which seems to permeate the whole of the hospital administration.

At a time when so much attention is being paid in this country to the treatment of mental disorders on occupational lines, and when visits to foreign mental hospitals are being made in order to study occupation therapy by those interested, it is a real pleasure to find an English mental hospital which, by reason of its occupational methods, compares very favourably with the foreign institutions which specialize in this treatment.

We have been much struck by the thought given to this subject and by the organization evolved with most beneficial results; day rooms have been transformed into workshops and employment centres. The whole hospital has become a busy hive of industry, and even bed patients, in many cases, are actively employed.

Great ingenuity has been displayed in the type of article made and in utilizing materials which otherwise would have been thrown away.

As an example, we would mention an extremely durable and useful rubber mat which is made from discarded motor tyres and wire. The initial cost of the materials is almost nil and the demand, at a good price, large.

It is quite unusual to find a patient who is totally unoccupied in any ward or workshop.

During our tour of the hospital we believe we have seen all the patients in residence, and we spoke to all who were willing to converse. In many cases we had long conversations with patients anxious to discuss their position, and we gave 7 private interviews, particulars of which are entered in the patients' book.

Except on the score of detention, complaints were very few, and many patients paid tribute to doctors and nurses for the kindness and understanding shown to them, and also much was said in praise of the new interests provided by occupational therapy.

There are to-day the names of 1,381 patients on the statutory books, and as no patients are out on leave or on trial this figure corresponds with the number of those in residence, and is made up as follows :—

							Male.	Female.	Total.
Voluntary	...	...	...	...	...	...	52	61	113
Temporary	...	...	...	...	...	...	—	—	—
Certified	...	...	...	...	...	...	507	761	1,268
Total	...	...	...	...	...	...	559	822	1,381

Only two temporary patients were admitted during 1933, both of whom were discharged recovered.

Upon the figures submitted to us there is vacant space by day on the male side for 66, and on the female side for 48 patients. By night the figure on the male side is 20, but on the female side there is overcrowding of 17 patients.

Sixty-three males and 61 females are ranked as private patients, of whom 7 men and 9 women are voluntary patients, and 45 of the males are in the service or ex-service group.

The weekly maintenance charge for rate-aided patients is 18s. 1d., and for private patients from 25s. to 84s. per week. The average weekly maintenance cost is 21s. 10½d.

Parole is enjoyed by 30 men and 20 women beyond the estate, and parole is given within the grounds to 38 men and 58 women. Six of the male wards and 7 of the female wards are administered on the open-door principle.

During our tour of the wards we noticed the homely atmosphere of both day rooms and dormitories, and we were pleased by the large number of bound copies of illustrated papers and periodicals which, obviously, were much used and read by the patients.

We thought that a larger supply of books might be kept in the day room bookshelves and, while we are referring to this question, we would like to suggest that it might be possible to allow patients to change their books personally at the library once or twice a week.

Some of the sanitary spurs are out of date and we would like to see them reconstructed on the same lines as those in other wards.

We thought that the clothing on the female side was somewhat drab and we would suggest the use of more attractive materials and more up-to-date styles. Perhaps it would be possible for the lady members of the Visiting Committee to interest themselves in this matter. We were glad to find that the matron has already been giving thought to the question.

During our visit to the laundry we noticed the out-of-date nature of much of the machinery, but we were glad to see that electric irons had been installed since our last visit and were proving most useful. We made suggestions to Dr. Eager with regard to the foul laundry which, we are sure, he will consider.

A feature of this hospital is the number of slot machines from which it is possible to obtain articles from 1d. to a 1s. in value. These provide profit, which goes to the benevolent fund, and we were glad to hear are to be supplemented shortly by the opening of a canteen.

So far, this hospital has not been equipped with a sound film apparatus and silent films only are shown.

The Nurses' Home is now completed and it is hoped that the nurses will enter into occupation within ten days. The building is a charming

one and well designed for its purpose, much thought having been given to the comforts of its future residents.

In this connection it may not be out of place to mention the quarters allocated to the matron, which one of us has had an opportunity of inspecting. They are inconveniently situated, surrounded by patients' wards, and to get to her bathroom and lavatory the day room of the private patients' ward has to be crossed.

The quarters of the medical officers appear also to be most inconvenient and congested, and while we hesitate to suggest the expenditure of large sums at this time, we hope that the Committee will bear these matters in mind.

We were sorry to find that so far steps have not been taken to deal with the problem of ward M5, and we would endorse every word of the comment made upon it by our colleagues in their report at the 1932 visit.

Useful work in the early treatment of mental disorders continues to be done through the out-patient clinic, held at Exeter, and we are glad that a social worker has been appointed in connection with it. His duties include the taking of patients' histories and the observation of home conditions, as well as keeping in touch with patients who have been discharged from the hospital.

The present staff of nurses is as follows :—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	14	22	36
Ordinary	...	...	...	...	...	...	53	75	128
Night ...	...	...	...	...	...	...	11	23	34

Six women nurses are employed on the male side.

Fifty men and 42 women are certificated or registered as mental nurses, and 5 men and 23 women have passed the preliminary examination.

The health of the patients since last visit has been very good. We were pleased to note that there has not been a single case of enteric fever and only one case of dysentery, which ended fatally. The source of infection, in this case, could not be traced; he was a patient in M5.

The incidence of tuberculosis is low, and at present there are only 14 cases under treatment, which is under the mean of such cases in all mental hospitals in England and Wales.

The mortality rate for the year ending December 31st, 1933, was 7.1 per cent. (7.6 males, 6.8 females).

Since last visit there have been 84 deaths, and in 70 of these the diagnosis was verified by post-mortem examination. The principal causes of death were heart disease 28, pneumonia 15, senile decay 6, general paralysis 4, and there was one case of drowning in a patient who was absent on trial.

Since last visit, 5 inquests have been held, the particulars of which have been reported to our Board and which do not call for comment here.

Since last visit there have been 8 serious but non-fatal accidents, of which 7 were cases of fracture, mostly of the forearm bones, due to accidental falls or being pushed down by other patients. In one case a patient set fire to her clothing and sustained burns to her chest and abdomen.

The records of the patients in this hospital are extremely well kept and are mainly in graph form, which show at a glance the various points with regard to the patients' condition.

The malarial treatment of general paralysis has now been carried out here in 71 cases, of whom 27, or 38 per cent., have improved so much that they have been able to be discharged. Of these, only 4 have returned owing to deterioration. These are excellent results.

We saw one voluntary patient who had come for this course of treatment and he told us how much he had benefited by it.

Excellent work is being carried out in the laboratory, but it is distinctly hampered by lack of space, and we hope that the Committee will give favourable consideration to the enlargement of this most useful and necessary adjunct.

The anti-malarial chemo therapeutic tests being carried out in the laboratory are most interesting. The results are, and are likely to be, more instructive in the treatment of this disease, as similar work cannot be carried out abroad owing to the difficulty of preventing the patients' possible re-infection.

Our visit has been a most interesting and instructive one and as we have already congratulated Dr. Eager on the work which he is carrying on here, it only remains for us to thank him and his medical and nursing staff for their helpfulness to us.

#### DORSET MENTAL HOSPITAL.

*February 21st, 1934.*

We have to-day completed our visit to this hospital, which began yesterday, and we have been much pleased by what we have seen of the efficient administration and by the progress which has been made in many directions, but notably with regard to occupation therapy—a subject to which we will return at a later stage of this Report.

During our tour of the hospital we believe we have seen all the patients in residence and have spoken to many of them. We gave three private interviews at Herrison House. We found the patients, on the whole, contented and well-behaved, and complaints were few except upon the score of detention. One complaint, however, was made to us by more than one patient in the male epileptic ward, and upon enquiry we discovered that this complaint had already been the subject of investigation by the doctor in charge, who had satisfied himself that it was without foundation. A conclusion with which we agree.

The patients were neat and tidy in appearance, and we were pleased to remark upon the pleasing new materials which are being used for dresses and aprons on the female side.

The numbers are as follows :—

							Male.	Female.	Total.
Voluntary	...	...	...	...	...	...	12	5	17
Temporary	...	...	...	...	...	...	1	—	1
Certified	...	...	...	...	...	...	374	512	886
Total	...	...	...	...	...	...	387	517	904

Two men and 6 women are out on leave or on trial, giving a total on the statutory books of 912. These figures are slightly less than those at the visit of our colleagues in 1933, but since then 25 of the female certified patients have been sent to Beaminster P.A.I., under Section 25 of the L.A. (1890). There is now no overcrowding on either side, even when the vacant beds at Herrison House are taken into account.

The weekly maintenance charge for rate-aided patients is 19s. 10d. and for private patients from 42s. upwards. The average weekly maintenance cost is 21s. 1·8d.

A large number of patients are granted parole—100 men and 33 women beyond the estate, and 105 men and 61 women within the grounds. Two male wards are open to the grounds, and two on the female side to their gardens.

The staff consists of 8 male and 13 female nurses of charge rank, and 42 male and 70 female ordinary nurses, while 8 male and 13 female nurses are on night duty. Two female nurses are employed on the male side.

Forty-six men and 37 women are certificated or registered as mental nurses, and 9 men and 22 women have passed the preliminary examination. On looking at these figures we notice that the proportion of nurses to patients on the male side is considerably below the average for all the mental hospitals in England and Wales, and in view of the presence of a good deal of dysentery on the male side we would like to suggest to the Visiting Committee the possibility of increasing slightly the male staff.

The wards were in excellent condition on the female side, and we understand that the redecoration of all the male wards has already begun. Much is done to decorate both day rooms and sick dormitories with fresh flowers—particularly praiseworthy at this time of year—and plants and the homely atmosphere of the day rooms throughout, except in one or two male acute wards, was noticeable. Books are kept in the ward book-cases and are changed each month, but we felt that the quality of the reading matter might be improved. This might be done by purchasing some used books from some of the various lending libraries. We thought, too, that the supply of daily newspapers—35 for the whole hospital, excluding Herrison House, might be increased in some of the better wards. For example, the male workers' ward, with 73 patients, has only two daily papers.

The store cupboard space is restricted in all wards and it is difficult to see how this can be overcome. In the female private ward we thought that coat hangers, with a rail to hang them on, might be contrived. This would keep the out-door garments more tidy and in better condition.

There is no gas in the hospital, which makes the provision of lighting facilities for male patients' pipes and cigarettes difficult; one or two of the patients complained that it was sometimes difficult to get a light. We wonder if it would be possible to test the suitability of some of the electric lighters now on the market.

Since last visit a sound film apparatus has been installed. We understand that it is most successful and that the acoustics of the entertainment hall have proved better than was expected, and we were glad to hear how much the patients appreciate the change-over from silent films. We would like to suggest the introduction of wireless sets into one or two of the better wards.

When visiting the laundry we noticed that the guard of the hydro extractor was without a safety device.

We saw an excellent dinner of stewed steak, potatoes and sultana pudding being prepared in the kitchen yesterday, and afterwards being served in the wards.

The advance which has been made during the past year in occupational treatment is most marked, particularly on the female side. We spent some time discussing the work with the Occupation Officer, and it was encouraging to hear that many of the nurses are becoming interested and assisting with the work. Handicrafts are carried on in the day rooms in the main building, and at Herrison House a new occupation room is being arranged and will shortly be in use. A most striking feature of the work here is the way in which confused, noisy and degraded patients are being occupied. Many who had been considered unemployable for many years were found by us to be busily employed in handicrafts, the standard of the work produced being unexpectedly high. Some patients whose destructive habits make strong clothing necessary, were knitting and doing raffia work. The work done is varied, in addition to knitting and needlework, fruit nets are made and metal work carried on, and two looms have been installed. On one some excellent tweed was being woven.

On the male side we were glad to hear that book-binding is just being introduced. Many of the men, as is natural, are engaged in farm and garden work, but during this winter it has been found possible to employ a number of more unemployable type in levelling the ground round the

cricket pitch. This is a kind of work similar to that which has been found so valuable for this class of patient in some of the continental mental hospitals.

The mortality rate per cent. for the year 1933 was 7.1. The deaths numbered 52, the number of post-mortem examinations made being 31, or 60 per cent.

The principal causes of death were associated with morbid conditions of the respiratory system, which accounted for 21 deaths (including 3 from tuberculosis), and the circulatory system with 9 deaths. In 5 patients death was due to cancer.

With two exceptions deaths have been due to natural causes. In each of the two exceptions death was due to septic infection of wounds, which were in one case self-inflicted and in the other caused by another patient. The cases and the results of the inquests were reported to the Board at the time and need no further comment.

The hospital was fortunate in having no cases of influenza since the last visit. One case of enteric fever occurred in November and ended fatally. Fortunately the disease did not spread.

Cases of dysentery have continued to occur since the last visit in May, 1933, principally on the male side, where 19 of the 22 cases have been found. Fifteen of them developed in September and October, the remainder being odd cases occurring every few weeks. We have gone into this matter very carefully with the Medical Superintendent and have made various suggestions with a view to helping towards the control of this troublesome disease. The shortage of male staff has already been mentioned, and we would only, in addition, call attention to the method of sewage purification in use. We cannot but consider the possibility that infection is introduced into the wards through the vegetables grown on the land, which is subject to broad irrigation with sewage which has only passed through settling tanks. We would also suggest that some of the sanitary annexes need remodelling on more modern lines.

Since the last visit 5 patients have suffered from serious, but not fatal casualties, all due to accidental causes.

Our visit has been a most interesting one and our thanks are due to Dr. Bedford and his medical staff for their helpfulness to us.

#### DURHAM COUNTY MENTAL HOSPITAL.

*May 31st, 1934.*

The most important event in connection with this hospital since the visit of our colleagues just over a year ago has been the opening of the new Admission Hospital, which we inspected yesterday afternoon. We are confident that the provision of this unit for 100 patients—50 of either sex—with its treatment centre, including the new pathological laboratory and special departments, will have immediate and most beneficial results. The building, which was first occupied by patients on March 6th last, is faced with artificial stone blocks made by patients' labour at the hospital. It appeared to be admirably designed for its purpose and well equipped. We were also pleased to note that the Committee had appointed a trained laboratory assistant.

A large number of other very important improvements, too numerous to mention in detail, have been carried out during the year, including fresh machinery in the laundry, an electric pump for the new water supply, a new turbine generator, and the installation of automatic telephones. Works now in progress comprise a new sewage scheme, the erection of new cow byres at the Home Farm, together with a properly equipped dairy, and the renewal of the fire alarm system and fire equipment throughout the hospital. It is proposed to convert the kitchen at Winterton, now disused since all cooking is done at the main building, into a general bathroom.

We were very glad to note the renewal of the fire equipment system mentioned above, which has been carried out in accordance with the recommendations of the Chief Officer of the Darlington Fire Brigade. All the fire mains have been extended to the interior of the main and Winterton buildings, and 34 fire hose reels have been fixed, which are on fire main pressure. An ample supply of water is available and a pressure of 90 lbs. per square inch can be obtained if necessary. Fire mains and stand pipes have been provided to the male and female airing courts at Winterton.

There are to-day on the books of this hospital 1,753 patients, in the proportion of 886 men to 867 women, 3 of the latter being voluntary patients. Two women are at present on trial, and thus we found 886 male and 865 female patients in residence. Out-County patients number 10 (1 man and 9 women), of whom 7 (all women) are chargeable to the County Borough of West Hartlepool. There are no temporary patients in residence, nor was any patient admitted in that category during 1933.

We were glad to see that 4 patients had been admitted on a voluntary basis since the beginning of this year, indicating that some advantage was at last being taken of the beneficent provisions of the Mental Treatment Act. We cannot but feel, however, that some effort should be made to bring the possibilities and advantages conferred by the Act to the personal notice of those in the area who are responsible for the initiation of treatment of mental disorder, i.e., the local practitioners and the relieving officers, and hope that arrangements to this end will be made.

Notwithstanding the additional beds made available by the opening of the Admission Hospital, overcrowding continues to present a very serious problem, meriting the most careful attention of the Committee. According to the statistical returns furnished to us to-day there is a deficiency of accommodation for 103 men and 138 women by day, and for 26 women by night, with 16 vacancies on the male side by night. The overcrowding was very noticeable in the day rooms at the main building, where we saw several of the women's wards at their midday meal. A slight but useful measure of relief has been obtained by the removal of 9 men, under treatment for general paralysis, to a wing of the Isolation Hospital, which has been redecorated for their occupation, and where they appeared to be suitably accommodated and very contented. We have discussed with Dr. Wilson various possibilities of devising other means of relief but find it difficult at the moment to see any tangible hopes in any of the directions suggested. We suggest, however, that, as a preliminary measure, it would be useful to make an overhaul of the patients with a view to ascertaining how many of them would be suitable for boarding out under Section 57, or transfer to other care if it should prove possible to find other accommodation for them.

The splendid facilities for treatment now available at the Admission Hospital bring into special prominence the desirability of opening out-patient clinics in the area served by the hospital, whither cases of mental disorder in their early stages could come for advice and treatment and where similar facilities would be available to discharged patients. We regard such clinics as an essential feature in the treatment of mental disorder and hope that it will be found possible to start some such provision at an early date. We understand that negotiations to this end are already on foot. In this connection we would emphasize the value of a trained worker, found from the hospital staff or otherwise, whose duties would include not only assisting the Medical Officer in charge of the clinic, but also visiting the houses of patients to obtain their histories and ascertain any causes which may have contributed to the patient's breakdown.

During our tour of the hospital we found the day rooms and dormitories generally in good order and decorative condition. We were pleased to note the large numbers of colourful railway posters in evidence, and

We realize that since his appointment, Dr. Wilson's time has been very fully occupied in dealing with a variety of essential matters and that he has had but little opportunity for considering the question of the occupations of the patients. While this important branch of treatment is carried on to a considerable extent on the female side, and a fair proportion of the men are employed in the usual avocations, e.g., farm, gardens, and other utility departments, we cannot but feel that there is great scope for its extension. Foremost amongst the essential features of the organization of a suitable scheme we would stress the necessity for a carefully devised system of training the nurses. A small disused hut is at present in process of conversion into an occupation room for the women, additional to the small room in female ward 3 at present used for the purpose, but no provision of a similar nature is now in contemplation on the male side. Having regard to the overcrowded state of the day rooms on both sides at the main building which renders the organization and carrying on of occupational classes in them very difficult, we feel that additional accommodation in the form of semi-permanent buildings should be provided as soon as opportunity offers. Meanwhile a start should be made with the training of the nurses.

We visited the children's ward and were able to appreciate the creditable attempt being made by the nurses there to improve their charges by means of physical training and simple occupations. Amongst the inmates of this ward we noticed a boy (aged 12) and a girl (aged 12) who appeared to be of considerably higher grade than the remainder of the children and should be removed to institutions where they could receive training suitable to their needs.

The nursing staff appeared to be numerically sufficient. It consists of :—

							Male.	Female.	Total.
Sub-Officers	...	...	...	...	...	...	5	6	11
Charge	...	...	...	...	...	...	34	47	81
Ordinary	...	...	...	...	...	...	131	102	233
Night ...	...	...	...	...	...	...	22	12	34

No women nurses are employed on the male side. There are now on the nursing staff 60 male and 40 female nurses in possession of the nursing certificate of the Royal Medico-Psychological Association, and 51 male and 36 female nurses holding the preliminary certificate. In addition there are 4 doubly-trained nurses.

A new diet table has recently been compiled affording a different set of menus for each of 4 weeks at all meals. The present wicker bread baskets for distribution of bread to the wards are too shallow ; this results in the bottom of one basket lying on the cut bread in the basket below, which may contaminate it if the basket has been lying on the floor. It would be preferable to use strong wire baskets with short legs ; these can be more effectively cleaned than the wicker baskets.

There is an excellent type of milk pail in use at the farm, but as the number of these is insufficient some pails of an older shape have been added which need a change of handle so as to avoid it resting on the rim of the pail over which the milk is poured.

At present the two washing machines for dealing with fouled cotton and fouled woollen articles are situated in different parts of the laundry. For several reasons it would be of advantage if they could be placed close together.

There has been little sickness of an infectious nature ; 10 women had influenza last month. While no cases of dysentery have been confirmed by laboratory examination, some 20 cases of diarrhoea have occurred in two groups, one last autumn and a smaller one of 8 cases this spring, the last of which occurred nearly 6 weeks after the previous one, in ward F1, Winterton, and is now under treatment. Of the 20 patients, 1 man and 4 women have died. A bacteriological examination has been made of all the ward contacts ; so far, however, no " carriers " have been noted.

The number of patients suffering from tuberculosis in the pulmonary form is 35, and in surgical forms 6. The death rate for this disease here is 8.8 per thousand patients resident, compared with an average of 5.5 among English mental hospitals. These patients are accommodated in special wards where facilities for out-door life are provided. Special accommodation is also set aside for the treatment of general paralysis ; here some striking recoveries are to be seen.

We were very glad to see that an X-ray room and a bacteriological laboratory have both been equipped since the last visit and that these units are functioning to the great advantage of the hospital.

Bed jackets for patients sitting up in bed are provided for the women but not for the men, who now use blankets ; bed jackets would afford more protection.

Accidents involving fractures of bone have occurred to 11 men and 1 woman. This ratio is a reversal of that which we are accustomed to find. Inquests have been held on the deaths of two men, the circumstances of which have been duly reported to our Board.

The death rate for the year 1933 was 125 per thousand resident on the male side and 69 on the female side ; the male death rate was substantially above the average for that sex, which was 76 per thousand.

The number of deaths since the last visit has been 150 (89 men and 61 women). The cause has been verified by post-mortem examination in over 60 per cent. The following conditions have contributed to the highest figures : Heart disease 29, pneumonia 24, senile decay 20, tuberculosis 18, and general paralysis 15.

Dr. Wilson now has the assistance of Dr. F. D. McGilp as Deputy Medical Superintendent, and of Drs. C. V. Harrison, H. Shaffer, M. Baldwin and H. D. Conway as Assistant Medical Officers. We are glad to note that the number of assistant medical officers has been increased by one since the last visit.

## ESSEX AND COLCHESTER MENTAL HOSPITALS.—1. BRENTWOOD.

October 9th, 1934.

This afternoon we have completed our two days' visit to this mental hospital on behalf of our Board.

We have made a thorough tour of the hospital, workshops, laundry, etc., and found everything in excellent order.

We believe we have seen all the patients and given any who wished to speak to us a chance of doing so. We found them quiet, and for the most part happy and contented, and there were no complaints except as regards detention, and in no cases was discharge to be recommended.

The accommodation shows a deficiency of 158 males by day and 32 females by night. We were pleased to note that there has been some reduction in the overcrowding since our colleagues' last visit, but it is still very evident in some of the wards and ward gardens. We hope when the new Admission Block is completed that this will still further reduce the overcrowding.

Numbers on statutory books:—

	Voluntary.		Temporary		Certified.		Total.
	M.	F.	M.	F.	M.	F.	
On statutory books ... ..	5	22	—	1	808	1,081	1,917
of whom (a) Private ... ..	—	—	—	—	—	3	3
(b) Service or ex-service	—	—	—	—	90	—	90
(c) Out-county cases	—	2	—	—	17	46	65
On leave or trial ... ..	—	—	—	—	4	6	10
Now resident ... ..	5	22	—	1	804	1,075	1,907

The weekly maintenance charge per head for home patients is 19s. 10d. and for service patients 23s. 7d., and the average weekly maintenance as last ascertained was 22s. 4.30d.

Parole beyond the estate is granted to 66 males and 15 females, and to 253 males within the grounds. On the male side there are 5 wards administered on the open-door principle, and 3 on the female side. The privilege of parole is much appreciated by the patients.

We found the wards in excellent order, especially on the female side. They were well supplied with flowers, nicely decorated, and the various colour schemes have a most pleasing effect. The ward gardens, even at this time of year, were in good order, with many varied flowers in bloom. The female admission ward has been much improved by the additional day room for quieter patients. It is very nicely decorated and will materially add to the comfort of the patients for whom it is reserved.

In going round we saw a group of defectives, mainly young boys, 5 of whom are at present sleeping in a small room on mattresses on the floor owing to lack of proper accommodation. We deplore the circumstances in which it is necessary to retain them here and hope that arrangements will be made for their transfer to a mental deficiency colony as soon as possible.

Numerous alterations and improvements have taken place since the last visit. The principal ones are: a temporary building, called Garden Villa, to accommodate 40 male patients, is now in occupation. It is well arranged, and treated on the open-door principle. It was a real pleasure to see the interest the patients there had taken to keep it in such excellent order. The garden attached was also very well cared for. Six new staff cottages have been completed and are now in occupation. An additional storey has been added to the nice nurses' home, which has now 108 bedrooms.

A temporary building, with day and night accommodation for 45 females, is under construction. Its erection has been found necessary

so as to allow patients to be transferred here whilst their own wards are being redecorated. A house for the Clerk of the Hospital is also being erected.

The present staff of nurses is :—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	18	18	36
Ordinary	...	...	...	...	...	...	85	111	196
Night ...	...	...	...	...	...	...	22	30	52
<i>Of the above :</i>									
Certificated or registered as Mental Nurses	...						89	74	163
Number who have passed preliminary examination only	...	...	...	...	...	...	14	35	49

We were very pleased to see the great progress made in occupational therapy at this hospital. Occupational classes for both sexes are regularly held and well attended. We were glad to see the training in occupational work of the nurses was so well carried out, and ward classes are now started by these nurses on completion of their course.

Remarkably few patients were in bed to-day on account of physical reasons, if we exclude the bed-ridden by reason of age. All were receiving excellent nursing care, and many expressed their appreciation of the attention bestowed upon them.

Dysentery, which has been a serious problem in this hospital for the past year, is now on the wane, there being only 3 female patients still suffering from the disease. All patients have now been examined for dysentery, and one ward on each side is entirely devoted to such as are known to have suffered from the complaint, but even so the number is so large, 97 male and 131 female, that some have to be accommodated in other wards where special precautions are taken for the safety of the other patients.

The bacteriological examination is done in the hospital laboratory and is very thorough. Negative stools are not accepted without repeated rectal swabbing and culture at the bed side, which is undoubtedly the only safe method and accounts for many discoveries which would otherwise have been missed.

Eight males and 9 female patients are returned as actively tubercular. These are being nursed on verandahs under the best conditions.

The death rate for the year ending December 31st, 1933, is returned to us as 9.6 per cent. male and 5 per cent. female, a rate which is somewhat higher amongst the males than the average for mental hospitals, but the average total of 7 per cent. is slightly below the average for that year.

During the 12 months under review, 59 male and 55 female patients have died, the cause of death being verified by post-mortem examination in 93 per cent., and in only 2 instances were any bed sores recorded.

Amongst the causes of death are 10 from general paralysis, 1 being a female, 2 from tuberculosis, and 24 from pneumonia, many of which were of a terminal type. The only other notable case was a woman who died from pellagra.

Two inquests have been held: A man who died from poison taken before admission, and a woman from shock due to choking during a meal.

Eleven women and 1 man sustained non-fatal injuries during the period under review. We are satisfied that in no case was there any negligence on the part of the staff.

We were very interested in the laboratory department, in which very careful investigations and research are being carried out under the guidance of Dr. Power, with the help of a trained assistant, Mr. Pettit.

The main dispensary is much too small for the needs of this large hospital, and we recommend its extension which, we think, can be done without much trouble.

The clinic held at Oldchurch Hospital, Romford, is amply fulfilling its purpose. One hundred and seventeen patients were seen there in 1933, and we understand that this figure will be much exceeded this year. There is a social worker on the staff of the Mental After-Care Association, who is attached to the clinic, and more patients are coming direct from practitioners in addition to those sent from the wards of the public assistance hospitals.

In view of the fact that so few patients are received as temporary patients, we venture to suggest the possibility of a closer liaison between the staffs of this hospital and the public assistance institutions.

We have to thank Dr. Masefield and his staff for much assistance during our visit.

We specially noticed the pleasant and kindly relationship between the patients and the medical and nursing staff.

ESSEX AND COLCHESTER MENTAL HOSPITALS.—2. SEVERALLS, COLCHESTER.  
*July 17th, 1934.*

We have to-day completed the inspection of this institution which we commenced yesterday and, accompanied by Dr. Turnbull and his medical colleagues in their various wards, have been through all the parts and departments of the main buildings and the outlying villas. We have found the whole institution in most excellent order and condition, and very admirably administered by Dr. Turnbull.

From statistics furnished to us we learn that during 1933 there were :—

			Male.	Female.		Male.	Female.	Total.
Admitted—Voluntary	...	...	12	23	}	115	238	353
Temporary	...	...	2	4				
Certified	...	...	101	211				
Transferred to other care	...	...	—	—		5	26	31
Departed—Voluntary	...	...	11	20	}	52	132	184
Discharged—Temporary	...	...	1	—				
Certified	...	...	40	112				
Died—Voluntary	...	...	—	1	}	41	89	130
Certified	...	...	41	88				

Since the commencement of this year there have been :—

Admitted—Voluntary	...	...	15	23	}	122	131	253
Temporary	...	...	4	4				
Certified	...	...	103	104				
Transferred to other care	...	...	—	—		2	4	6
Departed—Voluntary	...	...	10	12	}	36	55	91
Discharged—Temporary	...	...	2	2				
Certified	...	...	24	41				
Died—Temporary	...	...	2	—	}	30	34	64
Certified	...	...	28	34				

The changes enumerated above leave on the books the names of 2,105 patients in the proportion of 854 males to 1,251 females. Ten men and 20 women are on a voluntary footing, and 1 man and 5 women are temporary patients. The provisions of the Mental Treatment Act, 1930, as regards the admission of voluntary patients are, we are glad to notice, being made more use of, but very few temporary patients have been admitted, only 19 since the Act came into operation.

Private patients number 94 men and 79 women, 68 of the former being of the "service" or "ex-service" class.

There are 16—3 males and 13 females—out-county patients chargeable to seven various authorities, and received under reception contracts

are 54 males and 140 females from Southend, and 3 males and 31 females from East Ham.

Three men and 4 women are now out on trial, leaving 851 men and 1,247 women in residence. The average number in residence during last year, 1933, was 784 men and 1,200 women.

The total accommodation as returned to us is for 810 males by day and 807 by night, and on the female side for 1,118 by day and 1,259 by night. On this calculation the male side is over full by 44 in the day and 47 in the night accommodation, and on the female side there is overcrowding by 133 patients by day and only 8 vacant beds by night.

The weekly maintenance charge is for the home patients 19s. 10d. per head, and that for the private patients from 30s. to 78s. 6d. The average weekly cost as last ascertained was 21s. 2d.

Since the last visit four new villas, two on each side, have been completed and, with the exception of 1 female one, brought into use, and afford most excellent and comfortable accommodation. Additions have been made to the male hospital villa, and extra accommodation for some 40 nurses has been added to the nurses' home. Additions have also been made to the Assistant Medical Officers' quarters.

Plans have been passed for the erection of 27 pairs of staff cottages ; and it is contemplated to make alterations to adapt wards 13 and W. for a different type of patient to that for which they were designed. At present there are 134 men and 102 women in these wards. Other works in contemplation include the enlargement and better ventilation of the general bathroom and additional mess and sitting rooms for female officers.

We found the day rooms and galleries very well kept and the dormitories and single rooms with their beds and bedding in excellent order. There was a very good supply of flowers, and the gardens and grounds were exceptionally bright with the roses and other flowers, and this particularly applied to the gardens of the villas.

We suggest that in those wards or villas where the better type of patients are, lockers should be provided where they could keep their personal belongings and that the supply of coat hangers should be extended.

On visiting the laundry we thought that additional protection should be added to the top of the single-roll calender and that the disinfectants in the foul laundry should be kept in a locked compartment.

To the best of our belief we have given all the patients in residence an opportunity of speaking to us and stating any grievance. Apart from complaints on the score of detention from patients who were not yet fit for discharge or trial, we received no complaints, and the patients on both sides were very orderly and quiet. Their dress and personal tidiness were satisfactory.

One man and 28 women have their parole beyond the estate, and 248 men and 174 women have that privilege within the grounds. Three wards on the male side and 2 on the female are administered on the open-door principle, being open to the grounds, and 4 on each side to the ward gardens only.

Very good work is being done in the occupational therapy classes, and we last evening witnessed a gymnastic class being held for the female patients in the hall, and we hope that gymnastic exercises and drill may be extended to the male patients.

As suggested by our colleagues last year, arrangements have been made for the employment of a social worker, and the workers of the Mental After-Care Association have extended their work so as to include visits to the homes of some newly-admitted patients and the submission of reports relating to the patients' illness.

Since last visit the health of the patients has been very good. There has been 1 case of enteric fever which ended fatally, 5 of diphtheria, 3 of

whom contracted the disease prior to admission, and 12 mild cases of erysipelas during this period. At our visit we were pleased to note that there were no cases of enteric fever or dysentery under treatment. The 4 cases of diphtheria were making good progress. The tubercular cases numbered 23 (8 males and 15 females), all of whom were being treated under ideal open-air conditions.

The mortality rate for the year ending December 31st, 1933, was 6·2 per cent. (5·2 males and 7·4 females), which is lower than the average of all mental hospitals in England and Wales of 7·2 per cent.

Since last visit there have been 97 deaths and in 85 post-mortem examinations were held, and in none of the cases were any bed sores reported. The principal causes of death were pneumonia 18, heart disease 18, senile decay 12, malignant disease 10, while general paralysis accounted for only 2, which is apparently due to the good results obtained by malarial treatment.

Since last visit there have been two inquests, in both cases the verdict being misadventure.

There were 6 cases of serious but non-fatal injuries, 5 being fractures of the thigh bone and 1 of the arm bone ; all were due to accidental falls.

The present nursing staff consists of:—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	14	19	33
Ordinary	...	...	...	...	...	...	102	152	254
Night	...	...	...	...	...	...	23	35	58
<i>Of the above :</i>									
Certificated or Registered	...	...	...	...	...	...	101	68	169
Passed preliminary examination only	...	...	...	...	...	...	3	57	60

Dr. Turnbull has the assistance of Dr. A. G. Duncan, as Deputy Medical Superintendent (he is at present away on leave), and of 6 Assistant Medical Officers, 2 of whom, Dr. N. Haworth and Dr. I. Dixon, are ladies, and 3 others on a temporary footing.

Good work is being done at the out-patient clinic at the Colchester and Essex General Hospital, by Dr. Turnbull, who attends there once a week, and is on the staff of that hospital.

#### GLAMORGAN COUNTY MENTAL HOSPITAL.

*March 23rd, 1934.*

The removal during the year 1933 of patients belonging to Swansea and Merthyr to the Swansea Hospital, has done much to relieve overcrowding here but, according to the statistical returns furnished to us to-day, there is still a deficiency of accommodation for 184 patients by day and 113 by night on the male side, while on the female side there is overcrowding to the extent of 17 patients by day with 73 vacancies by night.

To-day there are resident in the hospital 1,862 patients, in the proportion of 1,100 men to 762 women, 2 of the former (1 a service patient and the other a private patient) being on a voluntary basis ; no temporary patient is at present in residence.

During the year 1933, 9 men and 5 women were admitted as voluntary patients and 1 woman as a temporary patient. These figures, which give a percentage of under 5 in relation to the total admission (319) for the year, compare unfavourably with the corresponding average figures for all mental hospitals. From what we have seen elsewhere we are sure that the number of patients admitted in these two categories can be greatly increased if active steps are taken to explain the provisions and benefits of the Mental Treatment Act to the general practitioners and relieving officers of the area. The completion, now not far distant, of the new Admission Hospital and Convalescent Villa for the women, will

provide excellent accommodation for these two types of patient and we hope that full advantage will be taken of the facilities for early treatment thus provided.

We would draw attention to the lack of proper ventilation to the majority of the sanitary annexes at Angelton, and to the difficulty which must be experienced in keeping many of the old w.c. pans clean. We should like to see a larger supply of hand towels in some of the wards and also of tooth brushes. With regard to the latter, there seemed to be no systematic method of issue and a lack of facilities for keeping them in a hygienic state.

Other matters which we noticed during our tour of the wards were the absence of flowers and a general lack of brightness and comfort. Very few books were to be seen in any of the wards and such as were there appeared generally to be in tattered condition. The number of books in the central libraries at both Angelton and Parc Gwyllt is small, and we should like to see the whole of the library arrangements brought under reconsideration. There was a good supply of daily papers and periodicals.

A considerable amount of redecoration is needed at the present time. Ward F 10 at Parc Gwyllt is at present in the hands of the painters.

We concur with the remarks made by our colleagues last year in regard to the congested state of the kitchen laundry and stores departments at Angleton. Should any extension of these departments be undertaken we hope that the possibility of installing a refrigerating chamber will not be lost sight of. Further, in the event of accommodation becoming available by reason of the transfer of nurses, now sleeping off the wards, to the Nurses' Home, we hope that the provision of clinical rooms may be considered.

We paid a visit to the occupation centre on the female side at Angelton where we found about 15 women engaged in rug-making, raffia work, basketry, stool seating and various forms of art needlework under the Occupation Officer, a selected female nurse who has had six months' training at the Maudsley Hospital. We were informed that about 60 patients attend classes during the week. Much of the work done was of high standard. Apart from these classes and a few men employed at Parc Gwyllt in mat-making and basketry, no systematic occupational treatment is attempted.

The need for and the benefits to be derived from systematically organized occupational treatment is now generally recognized and we should like to see it employed on a greatly increased scale here. The first essential is the setting aside of a good-sized room as an occupation centre in both divisions, where the nurses can be trained in the work. As soon as a sufficient number of nurses have been trained a start should be made in one or two of the wards and continued in others as further trained staff becomes available. Physical and recreational training would also, in our view, be of great benefit here, particularly the former, having regard to the large number of young adults at present resident here.

We have been interested to hear of the progress made at the out-patient clinics at Bridgend and Pontypridd, which were opened just over a year ago. Since the opening of the clinic at Bridgend, 46 patients have been treated, attendances numbering 52, while at Pontypridd 68 patients have been seen, attendances totalling 84. Sessions are held weekly on Fridays by Dr. W. Brown at Bridgend and Dr. T. L. Edwards at Pontypridd. We hope that every effort will be made to make the existence of these clinics, and the advantages they offer, known to medical practitioners and others responsible for the initiation of treatment for mental disorder in the area, and look forward to the time when the number of attendances, already encouraging, will show much increase.

Since the last visit, a new boiler for heating the female block at Parc Gwyllt has been brought into use and is said to be functioning satis-

factorily. Other improvements include the remodelling of the arrangements for sterilizing purposes at the dairy at Angelton, while new floors are at the present time being laid in wards 4 on both sides at Angelton. We venture to suggest that the installation of wireless in many more of the wards at both hospitals would be appreciated. We are informed that the question of the installation of talking films at Parc Gwyllt is still under consideration. Our experience at other mental hospitals shows this form of entertainment is much valued by patients.

We understand that tenders have been invited for the reinstatement of the administrative block at Parc Gwyllt, which was seriously damaged by fire late in 1933.

Yesterday evening we went over all the new buildings (Admission Hospital, Convalescent Villa and Nurses' Home) at Penyfai. The floors are now in process of being laid and we were informed that the contractors expect to finish the work of erection in from four to six months.

While we are on the subject of accommodation, we would refer to ward 7 on the male side at Angelton. To ensure exit in case of fire at this building it is essential that the smoke doors on the stairs and ground floor passage ways of each section of this building should be kept closed at night and we suggest that instructions to this effect should be painted on all four of these doors.

The mortality rate per cent. for the year 1933 was 10.

The deaths since the last visit number 125, post-mortem examinations having been made in 55 cases, giving the small percentage of 44.

The principal causes of death have been associated with senile conditions in 23 cases, with diseases of the circulatory system in 22, and with diseases of the respiratory system in 18 patients. Tuberculosis has accounted for 14 deaths, kidney diseases for 13, and general paralysis for 12.

Inquests have been held on 4 patients since the last visit. The particulars in each case were reported to our Board at the time and no further comment is necessary.

The hospitals have been almost entirely free from influenza, only 1 case being recorded which, unfortunately, resulted in death. There has only been 1 case of dysentery, which recovered, and 1 of acute enteritis, which died. The only other zymotic disease of which there have been cases is erysipelas, 9 of which are recorded, with 1 death. At the present time there are 25 patients known to be suffering from tuberculosis.

We have seen both the laboratories, in neither of which is any bacteriological work carried out, all special examinations of this nature being made in the County laboratories at Cardiff.

We would again refer to the presence of a number of mental defectives of tender years in the wards of this hospital, and to the desirability of their removal to an institution more fitted to their needs as early as possible.

The nursing staff consists of 167 male nurses and 124 female nurses, of whom 14 and 16 respectively are on night duty. One hundred and thirty-three of the male and 40 of the female nurses are certificated or registered as mental nurses. At the examination in May last, 21 candidates out of 31 passed the final examination for the Royal Medico-Psychological certificate, and 15 candidates out of 31 the preliminary examination.

There have been no changes amongst the medical staff since the last visit.

We were accompanied, during part of our visit, by Dr. Finlay who, we understand, is retiring at the end of this month after nearly 50 years' service on the staff of this hospital. We take this opportunity of congratulating him on his long service and of wishing him every happiness in his retirement.

## GLOUCESTER COUNTY AND CITY MENTAL HOSPITAL.

*April 11th, 1934.*

Since the last visit of our colleagues to this hospital a number of useful alterations and improvements have been effected, both at Wotton and Coney Hill.

Foremost amongst the above should be mentioned the completion of the new unit for voluntary patients at Coney Hill, which provides accommodation for 25 female patients. We were much pleased with this unit, which appeared to us to be well laid out and very suitable for its purpose. Other improvements include the installation of a carding machine in the upholsterer's shop at Wotton, and the renovation of the mortuary at Coney Hill. A scheme is in contemplation at Wotton for building a new vegetable room and larder, and converting the present vegetable room into a female nurses' dining room, the room at present used for the latter purpose being converted into a sewing room.

To-day there are on the statutory books the names of 1,266 patients, accommodation for 230 men and 386 women existing at Wotton, and for 246 men and 436 women at Coney Hill by day; the corresponding figures by night are 317 men and 357 women at Wotton and 229 men and 420 women at Coney Hill.

Of these figures there is a deficiency of accommodation for 81 males by day at Wotton, with 6 vacancies by night, while at Coney Hill there is a surplus of accommodation for 30 male patients by day and 13 by night. There are vacancies for women at each hospital, both by day and night. We should like some investigation made of the possibility of removing the disparity in the disposal of the accommodation for male patients between the two hospitals.

During the year 1933, 271 patients were admitted, of whom 66 were received on a voluntary basis and 12 as temporary patients. The percentage of patients admitted under the provisions of the Mental Treatment Act is thus approximately 29, comparing very favourably with the average figure in this respect. At the present time there are 36 voluntary patients and 12 temporary patients resident in the hospital.

During our tour of the wards of both hospitals we found the patients tidily dressed and free from complaints. Save in one or two of the acute wards, their general behaviour was orderly.

Generally, the buildings were in a good state of repair, but we thought that the flooring at Wotton required attention in many places. The lavatory accommodation at Wotton is also somewhat sparse in many of the wards; we realize that their enlargement presents great difficulty but venture to suggest that it would be possible to add to the convenience of male wards 7 and 19 in this respect, both of which are "open" wards, by the erection of a small building with two w.c.s and a urinal in a corner of their ward garden.

The recreation hall at Wotton struck us as being poorly heated, the only provision for this purpose being two stoves. Perhaps the Committee would consider whether additional heating, preferably by means of radiators, would be possible.

Visiting the laundry at Wotton we noticed that the protective guards of some of the machinery were not being made full use of, the doors to enable the staff to get at the machinery being left open. We think that closer supervision is necessary in these matters.

We were interested in the progress that is being made in occupational treatment at these hospitals. Since the last visit a beginning has been made on the male sides, and particular attention is being paid to all fresh admissions of each sex. Some attention is also being given to the training of the charge nurses in the wards, in handicrafts. We believe that the value of this form of treatment is fully appreciated by the Committee and Dr. Logan, and that extension of its scope is contemplated;

we should, however, like to see efforts made to employ the more deteriorated and demented patients. From our observations elsewhere we are convinced that the employment of a large percentage of this type is possible and will do much to improve the atmosphere of the hospital.

We were glad to hear that the installation of a talkie cinema apparatus at Wotton is in contemplation. With regard to recreations in the wards, we were pleased to note that the supply of daily papers had been very considerably increased.

On inquiry into the question of library organization we found that the practice is to keep practically all the books in the rooms used for their storage. One morning a week is allotted to changing the books, and on that occasion reliable patients are allowed to visit the room where the books are stored and change their books, while as regards other patients lists of their requirements are taken thither by nurses. It is clear that considerable attention has been paid to the organization of the above arrangements. We cannot help feeling, however, that a larger supply of novels, in shelves ready to the patients' hands in the wards, would be of advantage. From what we saw of the condition of some of the books we think that the addition of book-binding as an occupation in the hospital might prove useful.

We were somewhat surprised to learn that the recreation field at Wotton is let out on two days a week to a neighbouring girls' college, whereas the male patients of the hospital are given no opportunity of kicking a football about on it at any time. There appeared to us to be plenty of room for the use of the field for this latter purpose without damaging the cricket pitch.

The mortality rate for the year 1933 was 7.2 per cent., and the number of deaths since the last visit was 50. Post-mortem examination was made in 48 per cent. of cases. The number of examinations made was curtailed because of the post-mortem room not being available while alterations to drainage were being effected, and to some extent, perhaps, because of the distance which separates the two hospitals. Heart disease figures as the chief cause of death, accounting for 19 cases, pneumonia caused 13, congestion of the lungs 5, and tuberculosis 4.

No inquest has been held, nor was there any case of either dysentery or enteric. It is noteworthy that there has been no entry in the books for recording cases of diarrhoea and dysentery (colitis) since October, 1932.

The isolation block, which is situated near the mortuary, has been renovated internally, and it is proposed to use it for female tubercular patients from both Coney Hill and Wotton. We were unable to examine the interior as the doors were locked, but as it has neither verandah nor facility for open-air treatment, it is obviously ill-suited for that purpose. Except as a very temporary habitation its use is not to be recommended.

Cases needing X-ray examination are sent to a specialist as the hospital has no equipment, nor does it provide for light therapy or treatment by "continuous bath."

The comparatively large number of voluntary and temporary patients which are received leads us to hope that further facilities for treatment may be provided.

The nursing staff consists of 90 male and 112 female nurses, of whom 56 and 59 respectively are employed at Wotton. Fifty-four of the men and 34 of the women are certificated as mental nurses. No female nurses are employed on the male side. We inquired into the arrangements for night nursing and found them satisfactory.

The hospital has the advantage of the services of a consulting specialist staff. Dr. Logan, the Medical Superintendent, has Dr. Synnott and Dr. Conway to assist him at Wotton, and Dr. Smith and Dr. Jackson at Coney Hill. These medical officers are available for service in either part of the institution, and there is accommodation for two of them at

each hospital. We were sorry to learn accidentally that it is intended to curtail the accommodation of the medical officers residing at Wotton. Their present dining room is to be used for office purposes, and a make-shift arrangement—subdivision by a movable curtain of the sitting-room of one of them—substituted.

HANTS MENTAL HOSPITALS.—1. KNOWLE, FAREHAM.

*May 10th, 1934.*

Our visit to this hospital, which commenced yesterday, has been a most satisfactory one, and we congratulate the Visiting Committee and the Medical Superintendent, Dr. Jackson, on the improvements which have been effected during the past year.

The new Admission Hospital, which we inspected yesterday, is rapidly approaching completion. The roof is on, and it is now possible to see what the whole building will be like when finished. The unit will have beds for 70 cases, as well as excellent day rooms and a good treatment centre, and also quarters for an assistant matron. Architecturally, the building is an attractive one and its situation excellently chosen. It will undoubtedly be a valuable addition to the hospital.

Since last visit the needle room has been enlarged by the building of an adjacent store room, and we were interested to find on visiting the laboratory that it had been enlarged by the incorporation of one of the two viewing rooms. This has given much needed extra space for the laboratory work, which is such a feature of this hospital.

In the laundry we were pleased to find that a steam clothes press had been recently installed. Much attention is paid here to making patients' clothing attractive, and a clothes press is a most important adjunct, especially for the male patients' suits.

Another change which has taken place since last visit is the conversion of the silent film installation into one for talking films. This change is much appreciated by the patients. We were interested to observe the measures taken to improve the acoustics of the hall and to learn that the porous felt used has had such good results.

In our tour of the wards and ward gardens we were glad to see that many of the patients, including those who were agitated and noisy, were occupied. We also saw the long room—formerly a ward on the female side—which is to be used as an occupation centre. We have had an opportunity of discussing occupation therapy with Dr. Jackson and we have been very glad to find that he agrees with us that there is plenty of scope for its extension at this hospital. It is commencing here in the right lines.

Closely allied to occupation is the question of a library and suitable reading material for the patients. Although the wards are well supplied with books, these, we thought, were not changed round frequently enough. At present there is no central library and we understand that there are difficulties in forming one owing to lack of space. We hope, however, that it will be possible to find some way of making a room for a central stock of books, with a librarian to look after them and where patients could come to change their own books on regular days.

During our tour of the wards we believe we have seen all the patients in residence and spoken to as many as showed any desire to converse. We gave four private interviews.

There are to-day 1,124—515 men and 609 women—patients in residence. Of these, 12 of each sex are here on a voluntary basis, and 1 female is a temporary patient. In addition, 2 patients of each sex are out on leave or on trial, giving a total on the statutory books of 1,128. Thirty-seven of the certified male patients are in the service or ex-service class. Upon the figures submitted to us there is adequate day accommodation, but by night there is overcrowding to the extent of 27 on the male side and 31 on the female side.

The weekly maintenance charge for rate-aided patients is 19s. 10d., and for service and ex-service patients 23s. 7d. The weekly maintenance cost is 18s. 8½d.

No female patients are given parole but 21 men have full parole and 51 parole within the grounds. Four wards on the male side and two on the female side are open to the ward gardens.

The nursing staff is as follows :—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	10	9	19
Ordinary	...	...	...	...	...	...	68	62	130
Night ...	...	...	...	...	...	...	15	13	28

Forty-six of the male nurses and 15 of the female nurses are certificated or registered as mental nurses ; 12 of the former and 18 of the latter have passed the preliminary examination.

We found the patients for the most part orderly and quiet, and we are sure they receive most kindly treatment. Except for requests for discharge, there were few complaints, and those which were made were due to the mental condition of the patients who voiced them.

We thought the nursing of the bed patients was good and we were much pleased by the efforts made to decorate the sick wards with flowers.

The wards themselves were well kept and tidy, and well furnished with games, newspapers and weekly periodicals. The question of redecoration, however, is due for consideration. In the convalescent wards side rooms have been converted into cloak rooms, where each patient has his or her own hanging space, with a locker over it—a very good arrangement. We were pleased to hear that in 8 of the wards each patient is given a clean towel daily.

When we visited the kitchen yesterday we saw a good dinner of meat pies being prepared. The food looked most palatable. At present there is no fish fryer—we should like to suggest to the Committee that they should consider the installation of one. A fried fish dinner is a most popular item in the diet of a mental hospital. A fresh list of menus for all meals is submitted each week, and the articles of food in use of considerable variety. Patients who sit up until 9.30 at night are supplied with supper.

We are glad to hear that a periodic analysis is made of the hospital water supply and that the yield is adequate.

Three cases of dysentery arose in male wards F and B2 in January–February, and 16 cases of severe diarrhoea in the male wards of the blocks, and 5 among female patients, including 1 recent case. There have been a single case of chicken-pox and 2 of erysipelas.

Five men and 3 women are at present under treatment for various forms of tuberculosis ; 14 women carriers of typhoid are segregated in a detached house and 16 women in F2 and F3 are under observation, having in the past suffered from some intestinal infection. The precautions taken to deal with this problem are very far reaching. All the women have been examined bacteriologically for the passage of micro-organisms, and steps are taken to ensure the effective treatment of garments likely to carry infection. It is essential, however, that all concerned in this process should understand the nature of their duties and use sufficient disinfectant of adequate strength for the required length of time.

The protective use of inoculation has been extensively applied.

An inquest was held on the death of a female patient who suffered from a cerebral tumour ; an accidental fall is considered to have accelerated death. One man and 2 women have sustained fractures, 2 from accidental falls and 1 while the patient was turning in bed.

Since the last visit 15 months ago there have been 72 deaths, pneumonia and heart disease being each the cause of 17, tuberculosis in 6, and

general paralysis in 5—cases of this disease are transferred here from several hospitals owing to the special provisions made for their treatment.

We are much interested to hear of the progress of the out-patient treatment conducted at the Southampton Clinic.

There is also very useful co-ordination of effort in the matter of after-care and the exploration of social factors contributing to the illness of the patients. During 1933, 32 new patients attended the clinic and there was a total of 414 attendances. Thirty-two voluntary patients were admitted to the hospital, via the clinic.

Our thanks are due to Dr. Jackson for his helpfulness to us during our visit. We were sorry to hear of the illness of his deputy, Dr. Shepherd.

#### HANTS MENTAL HOSPITALS.—2. PARK PREWETT, BASINGSTOKE.

*February 2nd, 1934.*

We have spent yesterday and to-day in visiting this well-equipped and well-administered hospital, and we congratulate Dr. Connolly upon the progressive spirit we have observed in all its departments. The patients, who are very well classified, appeared on the whole contented and quiet in demeanour, and we received few complaints except upon the score of detention. Two private interviews were granted.

We believe we have seen all the patients in residence. Their numbers are as follows :—

							Male.	Female.	Total.
Voluntary	...	...	...	...	...	...	12	10	22
Temporary	...	...	...	...	...	...	—	2	2
Certified	...	...	...	...	...	...	636	752	1,388
Total	...	...	...	...	...	...	648	764	1,412

In addition, 1 man and 3 women are out on leave or on trial, and this gives a total on the statutory books of 1,416.

There are 113 private patients—61 men and 50 women, and of these 4 men and 3 women are in the voluntary class and 1 woman is a temporary patient. The other private patients are all under certificates, and of them 43 are in the service or ex-service class.

Upon the figures submitted to us there is a deficiency of day space on the male side for 7 patients but a surplus on the female side for 3 patients. By night, on the male side, there are vacancies for 33 men, and on the female side there is neither deficiency nor excess of space.

The weekly maintenance charge for rate-aided patients is 19s. 10d. per week, and for private patients the minimum charge for accommodation in the main building is 35s. and for Rooksdown House 63s. Twenty-six men and 34 women have parole outside the estate, and 93 men and 56 women parole within the grounds, whilst 5 wards or villas on the male side and 3 villas on the female side are administered on the open-door principle.

The present staff of nurses is as follows :—

							Male.	Female.	Total.
Sub-Officers	...	...	...	...	...	...	4	5	9
Charge	...	...	...	...	...	...	11	13	24
Ordinary	...	...	...	...	...	...	70	77	147
Night ...	...	...	...	...	...	...	13	21	34

Seventy-four of the male and 26 of the female nurses are certificated as mental nurses, and 1 male nurse is registered. Thirteen of the male and 20 of the female nurses have passed the preliminary examination.

At present no female nurses are employed on the male side, but we were interested to learn that next month the whole of the nursing at Rooksdown House is to be taken over by women nurses.

We have been glad to observe the increasing number of patients on both sides of the hospital who are usefully employed. The occupation therapy classes seem to be doing successful work, and we were struck by the large number of wool rugs which were being made, not only in the occupation room but in many of the wards. In the sewing room we noticed that two stocking machines were in operation for the refooting of stockings. These are obviously of great utility and were operated by patients. It may be possible, we hope, to increase the number of machines and to make stockings as well as to repair them. In this connection, we might mention that we have recently seen patients at another mental hospital operating successfully machines for making woven vests and also woollen cardigans, jumpers and skirts.

In furtherance of occupational treatment we would plead that efforts should be made to employ many of the more destructive and low grade types. It has been found possible elsewhere to improve the habits and the behaviour of these patients by occupying them in some simple way. One occupation we have in mind is the making of floor cloths and washing rags on a very simple frame, by a weaving process.

The day rooms, dormitories and ward gardens were in excellent order and were well arranged, and decorated with real and artificial flowers and many plants. The infirmary and admission wards were particularly well catered for in this respect. Some of the dormitories were supplied with bedside lockers—a boon to the better type of patient. We thought that some further lockers could well be added in the admission hospitals where there are only a few. In some of the cloakrooms where garden hats and coats are kept—particularly at Rooksdown House—we would like to see the coats kept on coat hangers and rods fixed upon which they could hang.

We were interested to observe a device for the electrical heating of the ward kitchener in one ward, which enables it to serve as a plate warmer at a trifling cost. We understand that if the device is a success it will be adopted in other wards.

We saw an excellent dinner being prepared and served yesterday. It consisted of sausages, potatoes and greens, and treacle and suet pudding.

We visited the library and examined its shelves. It contains many interesting books, and patients are encouraged to borrow books from it. In addition, small selections of books are placed in the ward bookshelves and are changed fortnightly. We felt that the library was somewhat short of modern novels of a light type and hope that this section may be enlarged. Sixty-eight daily newspapers are provided for the use of the whole hospital, and about 40 weekly periodicals, and we would like to suggest that the latter should be added to. We find bound volumes of such papers as "Tit-Bits," "Answers," "Home Notes" and other cheap weeklies are most popular with mental patients. Unless bound, of course, they are apt to be destroyed, but we understand book-binding is shortly to be added to the occupations already taught. Some of the bound illustrated papers at present in the wards are very antiquated and date from the last century.

We were pleased with the neat appearance of most of the patients. On the female side care is taken to make dresses of becoming design and pleasing materials, and on the male side all suits are put in a steam press after being washed. This smartens the appearance of the men considerably. We were interested to see an electric hair clipper in operation. It saves a great deal of time, and in consequence the male patients can have their hair cut more frequently than before.

Frequent entertainments take place in the recreation hall, and so far it has been found possible to maintain a supply of silent films. This will, however, become more and more difficult, and we hope that the possibility of a talking film apparatus being installed will be kept in mind.

There have been 96 deaths since the last visit, 50 men and 46 women. Thirty-two deaths have been due to heart disease, 10 to pneumonia, 9 to tuberculosis, 12 (male) to general paralysis. The cause of death has been confirmed by post-mortem examination in approximately 40 per cent. of cases. Bed sores existed in 3 male patients.

Inquests have been held in the deaths of 1 man and 1 woman, the former died from pneumonia and epilepsy and the latter from asphyxia due to the lodging of a stone in the larynx. The details of both these cases were reported at the time of their occurrence to our Board. Non-fatal accidents, involving fracture of bone, have occurred to 6 men and 8 women, due to accidental falls in all cases save one, where one patient pushed down another.

Since last January there have been 14 fresh cases of pulmonary tuberculosis and 5 of other forms of this disease; 11 of the former were in women. At the present time only 2 men and 2 women are suffering from pulmonary tuberculosis, and 1 man and 3 women from other forms.

Cases of dysentery and severe diarrhoea arose in September in wards 1 and 8 and villa 6 on the male side, and wards B, F, C and villa 2 on the women's side; a few other cases arose in October, November and recently in female ward D, where there are now 8 cases whose dysenteric nature has not yet been confirmed in the laboratory. It would probably facilitate the nursing of these patients if a larger part of their present room is given up to their segregation. In considering the distribution of this form of illness during the last few months we observe that the wards which do their own cooking are not affected, but that all the wards involved are supplied from the central kitchen. A considerable amount of bacteriological work has been done towards discovering the source of this infection, and attention in this way has been directed to the kitchen, all workers in which should be examined from the carrier point of view.

The treatment of fouled garments is now more effective, the steam tanks reaching a temperature of about 200° F., and all the articles, whether woollen or cotton, are passed through them, but we are glad to learn that the use of the food trollies to convey the laundry bins is being stopped and that an ingenious wheeled bin holder has been constructed in the hospital workshop.

The hospital has an abundant supply of well water but although its source is deep in the chalk, the bacillus coli content is considerable. It is, therefore, chlorinated and very frequent analyses are made. It may be worth while to investigate as far as practicable any local origin of the colon bacillus in the well, by testing percolation from the site of the manure dump, as Dr. Connolly suggests. It may be desirable, also, to cover the crude sewage screen at the sewage farm with some netting to prevent birds gaining access to it as they obviously pass to and from the ward gardens and the filter beds.

At present it does not seem to be the general practice in wards for deteriorated patients to wipe down the w.c. doors with a disinfectant; as they are often the first object touched by patients on rising from the w.c. they are often contaminated and require to be treated with an effective disinfectant as well as by washing.

#### HEREFORD COUNTY AND CITY MENTAL HOSPITAL.

*October 17th, 1934.*

Since this hospital was visited by two of our colleagues over 18 months ago a number of additions and improvements, giving added facilities for treatment and increasing the amenities of the patients, have been introduced, and we have been pleased to note the progress made in these directions.

Dealing first with facilities for treatment, we should mention the

provision of a small treatment block, adjoining ward F3, where hydrotherapy and Plombiere's treatment can be undertaken, the conversion of the old surgery into an up-to-date operating theatre, the provision of a light treatment room, and the conversion of two small rooms on the first floor of the administration block into a well-fitted laboratory.

Other alterations include the conversion of the old gas works into a mortuary, the provision of accommodation for 9 male patients at the old farm house, and the adaptation of two rooms, formerly occupied by the staff, over the male nurses' mess room, into two dormitories, giving accommodation for 11 patients in all. The new accommodation thus provided at the old farm house appeared to us very suitable for the type of patient housed there; the staff consists of two male nurses who sleep in the building on alternate nights. With regard to the two new small dormitories mentioned above, access to the fire stairs would at present entail climbing through the window and, although we realize that active patients only are likely to be concerned, we recommend the provision of a doorway leading on to the fire escape stairway.

There are to-day on the books of the hospital the names of 548 patients, in the proportion of 251 men to 297 women. Twenty-six of the former and 22 of the latter are voluntary patients, and there are 2 women in residence as temporary patients. One of each sex is at present on trial, leaving 546 patients in residence. Out-county patients number 68, of whom 47 men are received under contract from Burntwood Mental Hospital, Staffordshire, and 20 women are chargeable to the Middlesex County Council. There are now vacancies for 22 patients by day on the male side and 29 on the female side, while by night there are 11 vacancies on the female side but a deficiency of accommodation for 4 men.

During the present year (i.e., 9½ months), out of a total of 84 admissions (of which 60 were direct), 26 patients have been admitted on a voluntary basis and 4 as temporary patients. The figure for voluntary admissions gives the satisfactory percentage in relation to the direct admissions of approximately 43·3, but the percentage for temporary patients is, we believe, capable of improvement.

We found the hospital in good decorative condition and generally well kept. The day rooms and galleries were nicely furnished and bright with autumn flowers. Wireless is provided throughout the hospital, and we noticed a good supply of readable books in every ward. In this connection we were interested to hear that a gentleman from outside the hospital has accepted the post of honorary librarian; he is assisted in this work by one of the nurses. We were glad to note that book-binding figured amongst the occupations for male patients. A notable addition to the recreations of the patients is the installation of sound film apparatus which is expected to be completed this week.

The patients generally appeared contented and presented a well-cared-for appearance. Improvements have recently been made in the women's clothing, but we formed the impression that there was still room for progress in this direction. The general arrangements for washing and the keeping of toilet requisites appeared to be satisfactory, as also were these for the storage of clothing.

Twenty-one men and 3 women enjoy full parole, and 9 men and 7 women have parole within the grounds. The numbers granted full parole appear to us somewhat limited in all the circumstances, particularly in the case of the women, and we have discussed with Dr. Fleming the possibility of their increase.

A canteen has recently been opened and is proving a great success.

The out-patients' clinic, which is held weekly at the Hereford General Hospital, continues to do very useful work, and the number of fresh cases attending shows an increase on those for last year. We understand that difficulty sometimes arises owing to the fact that a patient living at a

distance cannot afford the fare to Hereford. We venture to suggest that the committee might in such necessitous cases consider the question of paying the whole or part of the patient's fare. Visiting the laundry we noted that the single-roller calender had been protected in the manner suggested by our colleagues at the last visit. We consider that the other and larger calender requires similar protection at the feeding end, the existing wire cover giving no protection at that end.

We have discussed the question of occupational treatment with Dr. Fleming who, we were glad to find, is anxious to increase the efficiency of the hospital in this respect. According to the statistical returns furnished to our Board at the end of last year, 58 per cent. of the men and 64 per cent. of the women are usefully employed, and we gathered that the numbers have increased somewhat during the present year. We note, however, that 40 per cent. of the men and approximately 45 per cent. of the women shown in that return as employed, were recorded as doing ward work only. Occupational centres now exist on both sides, the female one being in charge of a nurse who received 6 weeks' training at Rampton State Institution last year, and the male in charge of a nurse who recently returned from 3 months' training at Whitchurch Mental Hospital, Cardiff. On the average, 20 women and 17 men attend these centres for two hours every morning and afternoon. This is a welcome beginning but we would stress the necessity of making arrangements for the gradual training of the whole of the staff and of providing suitable and graded occupations for the more demented and deteriorated patients, few of whom are at present occupied in any way.

There was a mortality rate of 8 per cent. for the year 1933, the average number of patients in residence during that year being 525.

Since the last visit, which was in March, 1933, there have been 20 male deaths and 42 female deaths, a total of 62.

Post-mortem examinations were held in 41 cases, that is in nearly 70 per cent. of all deaths.

Only one inquest was held, death being found to be due to bronchial pneumonia and senile decay, in accordance with medical evidence.

Of the deaths which occurred, 14 were attributed to pneumonia, 11 to senile decay and 3 only to heart disease. Cancer caused 7 deaths. Enteric fever caused 2 deaths and 1 of the staff died recently from this disease. There are no cases of enteric fever at present and the "carriers," who have been ascertained, are to some extent segregated. All necessary care is being taken.

We are glad to note that the entire water supply for the hospital is now taken from the Hereford Corporation.

Disinfection of infected linen is carried out by means of immersion in a disinfecting tank, and in a second tank by boiling. Containers are subjected to steam-jet, but there is no apparatus for disinfecting boots, pillows, mattresses or fomites, which immersion would damage or destroy.

General paralytics—there are at present 3 in this hospital—are not given malaria therapy, tryparsamide or other remedy being accounted as equally efficacious.

We found the patients confined to bed on account of temporary or chronic disability receiving all necessary nursing and medical care. We were particularly pleased to find that in two wards on the male side female nurses were in attendance on the patients. Our inquiries satisfied us that this is of advantage to the patients and that nothing objectionable to propriety arises.

The female nurses number 34. The majority are accommodated in the hospital wards, 16 are housed in the isolation block and 8 in the steward's house. Were a nurses' home provided, the isolation block and steward's house would be available for their intended purposes, and the nurses who now live continuously amongst the patients would have a relaxation which we consider highly desirable. In general, the accommodation of the nursing

staff of the hospitals has much improved in recent years, and, as it is hoped to recruit the female nursing staff from candidates of secondary school education (and also the male), their accommodation here is a matter of much importance.

Dr. Fleming is considering sub-dividing the female admission ward so as to enable recent cases to be more appropriately classified. We are of opinion that such a course would be highly advantageous.

We visited the farm, the farm hostel where 9 patients reside, and also the farm dairy. We discussed with Dr. Fleming certain details as to providing ready facilities for milkers to wash, the cleansing of utensils used in collecting the milk, and the cooling of milk.

We were accompanied during the whole of our visit, which occupied all yesterday and this morning, by Dr. Fleming. He has the assistance of Drs. D. M. Cox and T. E. Burrows, the latter of whom only joined the hospital staff a few weeks ago.

HERTS COUNTY MENTAL HOSPITAL.

May 24th, 1934.

We have to-day paid the annual visit of inspection of this institution on behalf of our Board, and are glad to report that it continues to be well administered by Dr. Kimber on modern and progressive lines. Since our colleagues' visit at the beginning of last year the remodelling of the boiler house, electrical and engine room plant has been completed, and the hot water and heating system has been overhauled, and hot plates provided in the ward sculleries. Works in progress now comprise the erection of the attached female block, the two detached villas on the female side, and the one on the male. Extensions to the nurses' home, the isolation hospital and the male annexe are also being carried out.

Works in contemplation include the provision of a new pathological laboratory, and if this is carried through the present one would form a fitting viewing room to the mortuary, which is at present wanting extensions, and alterations are to be made to the laundry. On visiting this department we thought that the single-roll calenders require further protection on the top, as described to Dr. Kimber, and that a steam jet should be provided in the foul laundry for disinfecting the bins in which infected linen is brought down from the wards.

Post Office telephones are being installed throughout the hospital.

From statistics furnished to us we learn that last year, 1933, there were :—

	Male.	Female.	Male.	Female.	Total.
Admitted—Voluntary ... ..	13	22	110	161	271
Temporary ... ..	4	8			
Certified ... ..	93	131			
Transferred to other care—Certified	6	9	82	129	211
Departed—Voluntary ... ..	10	20			
Discharged—Temporary ... ..	2	1			
Certified ... ..	64	99	15	37	52
Died—Voluntary ... ..	—	1			
Temporary ... ..	—	1			
Certified ... ..	15	35			

Since the beginning of this year there have been :—

Admitted—Voluntary ... ..	3	13	38	58	96
Temporary ... ..	1	1			
Certified ... ..	34	44			
Transferred to other care—Certified	4	—	21	50	71
Departed—Voluntary ... ..	1	11			
Discharged—Certified ... ..	16	39			
Died ... ..	—	—	6	20	26

There are now on the statutory books the names of 358 males and 659 females, a total of 1,017 patients; of these, 10 men and 16 women are on a voluntary basis, and 1 of each sex is a temporary patient, the remainder being on reception orders.

Private patients number 44 men and 29 women, 40 of the former being of the "service" or "ex-service" class.

Four men and 7 women are chargeable to 7 out-county authorities.

Three women are now out on trial, leaving a total of 1,014 patients in residence, 358 males and 656 females.

The total accommodation, as returned to us, is for 306 males and 652 females, so there is overcrowding to the extent of 52 patients on the male side and 7 on the female. Two of the male wards are still occupied by female patients.

When the present alterations and extensions are completed there will be additional beds for 68 males and 207 females.

Since the opening of the Cell Barnes Colony, 29 males and 48 females have been transferred to that institution, and these numbers are included in the discharges given in the above tables of figures.

The maintenance charge for the County rate-aided patients is 23s. 4d. a week, for those of the private class from that figure to 63s., and for the "service" patients 27s. 1d. The weekly maintenance cost as last ascertained was 23s. 6.51d.

We have given all the patients in residence an opportunity of speaking to us, and stating any grievance. Generally, we found them very contented and free from complaints other than on the score of detention, and the appeals for discharge were not numerous.

They were well behaved, and their personal tidiness and clothing were satisfactory. Some new patterns of double breasted jacket have been supplied to the male patients.

We found a good number of the patients usefully occupied, and besides those employed in the domestic departments and shops, and on the gardens and farms, we were glad to see a good number of both sexes employed in the occupation therapy centres. These are well supervised by the nursing staff, and the results reflect great credit on them.

A central library has been started with some 1,700 volumes, and three gentlemen and one lady give their services as honorary librarians and attend three days a week to distribute the books to the wards and to individual patients.

We were pleased to hear that a psychiatric social worker had been lent from the London Child Guidance Council; her work has been very beneficial in assisting the medical staff as well as the patients, as she can obtain useful information about the patients which might otherwise have been unobtainable.

Early this year the St. Albans Nerve Clinic was formed, under the control of the Medical Superintendent; it amalgamated the clinics at Hill End Hospital and that at St. Albans and Mid. Herts Hospital. Dr. D. N. Harcastle is the visiting psychotherapist, and he also treats any in-patient who requires prolonged psychotherapeutic treatment. Suitable new accommodation has been provided at Hill End for the clinic there. The results obtained at the clinics have been good, and several patients under treatment have done so well that their admission, which would otherwise have arisen, was not necessary.

The wards were tidy and well kept, and well supplied with plants and flowers. We hope it may be possible to provide some accommodation in the way of lockers or shelves where patients in the better wards could keep their personal belongings.

We saw a good dinner to-day partaken in some wards. The meal consisted of cold mutton with potatoes and peas, followed by a baked bread pudding. The dietary appears to be well varied except for the breakfast meal, where porridge is served on every morning.

The general health of the patients has been good since last visit. In January and February, 1933, there was an epidemic of mild influenza which attacked 112 patients and 27 of the staff. We were pleased to note that there was only 1 case of dysentery and 1 of diphtheria reported.

The mortality rate for the year ending December 31st, 1933, was 5 per cent. (4.1 for males and 5.4 for females), which is well below the average of 7.2 per cent. for all mental hospitals in England and Wales.

Since last visit there have been 76 deaths (21 males and 55 females), and post-mortem examinations have been held in 52 cases. The principal causes of death were heart disease 27, arterio sclerosis 13, tuberculosis 9, and cancer 8.

Three inquests have been held, the particulars of which have been reported to our Board. There were 9 serious, but not fatal, accidents, all fractures, and all were accidentally sustained.

Parole beyond the estate is granted to 10 men and 21 women, and within the grounds to 37 other men. Five wards on each side are administered on the open-door principle, 3 male being open to the grounds, and 2 male and 4 female within the hospital only.

The nursing staff consists of:—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	6	14	20
Ordinary	...	...	...	...	...	...	62	88	150
Night ...	...	...	...	...	...	...	7	12	19
<i>Of the above:</i>									
Certificated or registered	...	...	...	...	...	...	28	34	62
Passed preliminary examination	...	...	...	...	...	...	19	19	38

Dr. Kimber has the assistance of Dr. Roberts as his deputy, of Dr. Hargreaves and Dr. Bushe as the medical officers, and of Dr. Annie M. McGrath as pathologist. Another medical officer is to join at the end of July, and a house physician (a lady doctor) next month.

#### KENT COUNTY MENTAL HOSPITALS.—1. BARMING HEATH.

*October 5th, 1934.*

We have spent the past two days in visiting this hospital on behalf of our Board, and we have been impressed by what we have seen of the high standard of medical skill and nursing care enjoyed by the patients. It has been a pleasure to observe the keen interest taken in the individual patient, and we have noted the large part taken by the nursing staff in occupation therapy, much of this treatment being actually carried on by the nursing staff. Classes are held in the hospital itself, by an Arts and Crafts teacher, for the nurses, and they then pass on what they have learned to the patients. This ensures that the activities of the occupation centres on each side are continued and developed in the wards. In this connection we would mention that recently musical drill has been started on the female side by one of the sisters, and we were glad to be able to be present while this drill was being carried on. We hope the idea will develop. An excellent start has been made. We were also glad to hear that during the winter months arrangements are made for lectures to be given to the nursing staff on subjects of general scientific interest.

A large part of our visit has been devoted to the study of the various methods of occupational treatment carried out here. These are well devised to ensure that many of the most introverted patients should be reclaimed and made into useful members of the hospital community. Great ingenuity has been displayed in devising the initial stages of occupation for these patients. The large occupation centre on the female side has been mentioned in previous reports, but we were glad to find that a similar centre had been erected during the past year on the male side. It is proving of great use. We thought a second exit from the hair teasing room on the male side would be a wise safeguard.

During our tour of the hospital we visited all parts of the buildings and gardens, and we believe we have seen all the patients in residence and spoken to all who showed any wish to converse. The patients were quiet and orderly, and many expressed themselves as grateful for all that was being done for them. We were struck by the excellent classification of the patients in the various wards—a factor, we have no doubt, in making the day rooms so quiet and orderly.

There were to-day the following patients in residence :—

							Male.	Female.	Total.
Voluntary	...	...	...	...	...	...	15	17	32
Temporary	...	...	...	...	...	...	2	1	3
Certified	...	...	...	...	...	...	744	1,135	1,879
Total	...	...	...	...	...	...	761	1,153	1,914

In addition, 6 men and 9 women are out on long leave or on trial, and 2 women—1 a voluntary patient—are out on short leave. One male patient has recently escaped. There are, therefore, the names of 1,932 patients on the statutory books. Sixty-one men and 1 woman rank as private patients, 59 of the men being in the service or ex-service class. Upon the figures submitted to us there is a deficiency of accommodation by night on the male side of 18 and by day on the female side of 17.

The weekly maintenance charge for rate-aided patients is 19s. 10d. and for private patients 35s., the average weekly maintenance cost being 20s. 9 $\frac{3}{4}$ d.

We are glad to record that 83 men and 43 women are on full parole, and that 92 men and 101 women enjoy the more restricted parole within the grounds. Three of the male wards and 6 of the female are open to the grounds and, in addition, 2 of the female wards are open to the ward gardens.

The wards were in noticeably good condition. A great deal of repainting and redecoration has recently been carried out, and the general effect throughout the hospital is one of cheerfulness. We were particularly pleased with the display of fresh flowers in all wards, and we were glad to find how much interest is taken by the patients in the cages of canaries, which are a feature in most of the day rooms. The patients are well supplied with books, and on the male side we saw a plentiful supply of bound illustrated periodicals, and recently, we understand, there has been an increase in the number of daily papers taken. We would, however, like to suggest that some of the cheaper women's weeklies should be taken on the female side. Such papers as "Home Chat," "Home Notes," "Modern Woman," and others, are very popular amongst women patients and are of the type which are not worth binding and are, therefore, very easy to look at.

One small suggestion we should like to make is that coat hangers should be generally introduced for patients' outdoor clothing. In some places rods to hang them on are already in place, so the cost would be trifling and the appearance of the outdoor garments would be much improved. We would also suggest that a steam press for the men's clothing should be installed in the laundry.

The dress of patients is, on the whole, very good, and patients are encouraged to wear their own clothing. We thought suspender belts might well be introduced to replace the very old fashion stays for women patients.

In the laundry we noticed that all the hydro extractors and washing machines required automatic safeguards against accident. We thought an upright steam jet for disinfecting the bins in the foul laundry was needed,

We were present yesterday in the kitchen, and subsequently in some of the wards, when dinner was being dished up and served. The meal consisted of fried fish or Irish stew, with vegetables, and bread and cheese. The food was well cooked and appetising, and the patients appeared to enjoy it. We would like to suggest that tea should be served in a more dainty fashion in all sick infirm and admission wards. It should be quite a simple matter to have thin slices of bread and cake cut for these wards.

The mortality rate for 1933 was 8·4 per cent., which is slightly higher than the mean rate of 7 per cent. for all mental hospitals in England and Wales. Post-mortem examinations have been made in approximately 86 per cent. of the cases. The chief causes of death in the 182 patients who have died since our colleagues' last visit were respiratory diseases (60, including 10 cases of tuberculosis) and cardio vascular diseases (49).

Inquests were held in 3 cases. In two cases the patients committed suicide, and the other died as the result of severe burns received when she was on leave. The general health of the patients has been good, and the hospital has been almost free from epidemics. There have been a few cases of erysipelas (5) and dysentery (4), but by early diagnosis and prompt treatment the spread of infection has been successfully checked. At present there are about 20 cases of various skin diseases, most of the nutritional type, and these are being nursed in a separate ward.

During the last 15 months, 19 patients have sustained fractures. With the exception of 3 cases, due to altercations with other patients, the injuries were caused accidentally. Arrangements for examination by X-rays exist with the West Kent Hospital, and these seem to work satisfactorily.

Although the standard of medical and surgical work at this hospital is commendably high, it is obvious that still better work would be possible if there were a well equipped Admission Hospital. We are glad to know that the negotiations for the building of a new unit of this kind are well advanced.

The nursing staff, including ward sisters, numbers 252, 95 men and 157 women, 102 of whom are certificated, and 45 have passed the preliminary examination. Twelve women nurses are employed in nursing male patients.

We would like to record that the training of probationers at this hospital appears to us to be exceptionally good. Excellent facilities are afforded at the nurses' home for study, and we were glad to find a small reference library, which we hope will be added to gradually.

The scope of the out-patients' clinics has been considerably extended during the past year. In addition to that at the West Kent General Hospital, there are now two other clinics, one at the King Edward Avenue Hospital, Dartford, and the other at the Farnborough Hospital, Bromley. The increase in the number of patients admitted on a voluntary basis to this mental hospital is doubtless attributable to the activities of these clinics, and we hope that their development will still further increase the number of patients seeking treatment under the Mental Treatment Act.

Our thanks are due to Dr. Hancock and his colleagues for the valuable assistance they have given us during our visit.

#### KENT COUNTY MENTAL HOSPITALS.—2. CHARTHAM.

*February 13th, 1934.*

We have spent the past two days in paying the annual visit of our Board to this hospital.

In the absence of the medical superintendent, Dr. Collins, his deputy, Dr. Taylor, has escorted us throughout our tour of the hospital, and has been most helpful to us in every way. Our thanks are due to him, and to the other members of the medical staff, for their assistance.

Our visit has been a satisfactory one, and we consider that the patients here receive skilled and careful medical and nursing treatment and are, on the whole, both happy and contented.

In considering the position at this hospital, it is well to point out that it has a higher proportion of mentally defective patients than most mental hospitals in this country, and many of these are too old to do much useful work. This affords a partial explanation of the number of patients we saw in each ward who were only occupied with some simple task of a routine character, such as polishing the floor. We hope that the local authority under the Mental Deficiency Act, 1913, will press forward with the scheme for the provision of accommodation for mental defectives, so that more space will be available at this hospital for developing special forms of treatment of mental illness. We would mention as deserving special consideration, the removal of all children, i.e., all those under the age of 16 years to more suitable institutions. There is one girl, age 7, who, in our opinion, should be given an opportunity of being educated with normal children, and we feel strongly that the appropriate authority should be pressed to deal with this child without further delay.

Since the last visit a certain amount of progress has been made in the organization of occupation therapy. A few months ago, Miss Sharman was appointed as Occupation Officer for the women patients. At the time of our visit 16 were attending the class, and the chief occupations were fancy needle work, raffia work and mat-making. We hope that the activities of this class will soon be extended, both as regards numbers of patients and the variety of activities.

On the male side the occupation class seems to be better established. To-day there were 12 men receiving instruction, all of whom were mentally defective. The work done by these patients is very creditable, and much ingenuity has been shown in utilising simple materials. We feel that the time has come for extending the scope of these classes considerably so as to include large numbers of the psychotic cases. We would urge that a comprehensive scheme should be drawn up to include the general co-operation of the nursing staff in this important form of treatment. As a part of this scheme the male epileptic patients should be given more out-of-door occupation, under the supervision of their nurses.

We believe we have seen all the patients at present in residence, and we gave all those who wished to do so an opportunity of conversing with us. Few complaints, except on the score of detention, were made, and only one request for a private interview. The latter was granted but no action is necessary.

There are now 1,362 patients—638 men and 724 women—here and of these, 10 men and 5 women are voluntary patients; 1 of each sex is here on a temporary footing. In addition, 6 men and 10 women are out on leave or on trial, and 6 men and 5 women are boarded out under Section 57 (L.A., 1890). The total number of patients on the statutory books is, therefore, 1,389.

During 1933, 61 men and 7 women were dealt with under Section 25 (L.A., 1890), and this has done much to ease the position with regard to overcrowding. There is now a surplus of accommodation on the male side by day for 53 patients and by night for 82 patients. On the female side there is still a deficiency by day for 25 but an excess of space by night for 30 patients.

The weekly maintenance charge for rate-aided patients is 19s. 10d., and for private patients 35s. The average weekly maintenance cost is 21s. 7d.

A certain number of patients are allowed parole, 63 men and 15 women beyond the estate and 101 men and 90 women within the grounds.

A female villa and wards on both sides are open to the ward gardens. The female villa is one recently converted from the former house of the Medical Superintendent and is now used for convalescent patients. We

were pleased with what we saw and feel that it will be of great value to the hospital.

During our visit to the kitchen, which is modern and well equipped with up-to-date machinery, we enquired into the lavatory accommodation for the kitchenmaids and found that for washing their hands they use a sink in the scullery, but that there was no w.c. except that attached to the recreation hall. To get to this the staff has to cross a corridor and the whole width of the hall. This is not a very satisfactory arrangement.

The diet of the patients is on a generous scale, but we did not think that the cooking of the potatoes and vegetables on either day of our visit was particularly satisfactory and we hope that efforts will be made to effect an improvement. In several of the wards, where there are no plate warmers, and in one in which the plate warmer had not been used, we found the plates upon which dinner was served were cold.

The wards were neat and tidy, and especially on the female side. There was an excellent display of flowers for this time of the year, and we think that the head gardener is to be congratulated. The day rooms are well supplied with books of an unusually interesting kind and there are also numbers of weekly illustrated papers.

Attached to the male workers' ward is a small room which is being converted into a drying room in which damp clothing can be put, and this will be a great improvement to the comforts of the patients.

We must not leave this part of the Report without mentioning a display of simple drill which we saw in the recreation hall. Although the patients taking part were all mentally defective males, we think the idea is a good one and worthy of every encouragement, and we hope drilling will spread to both sides of the hospital and not be confined in future to the mentally defective.

Some means of having a supply of hot water laid on are required in the dormitory at the west end of the female sick ward. At present all the hot water has to be carried a great distance.

The mortality rate for the year 1933 of 7 per cent. is approximately the same as the mean rate for all mental hospitals in England and Wales. It would not be surprising if the rate were higher than the mean in view of the fact that there are a large number of old patients at this hospital.

Sixty-nine patients have died since our colleagues last visited, and post-mortem examinations were made in 48 of the cases. We were interested to hear that special attention is paid to the presence and signs of chronic sinusitis; histological examinations are made of the membranes of the sinuses in all cases, whether macroscopical changes are present or not.

As we should expect in a hospital with such a large proportion of senile patients, most deaths were due to cardio-vascular diseases (24). Pneumonia caused death in 12 cases, and 6 of the patients died of tuberculosis.

Inquests were held in 4 cases, the verdicts in 2 of the cases being "death from misadventure" and the verdicts in the other 2 were "death from natural causes." We discussed the circumstances of death in each of these cases with the medical officers and we are satisfied that our Board have already been informed of the salient facts in each case.

Since last July, 7 patients, all with one exception being females, have sustained fractures of the limbs. In each case the fracture was caused accidentally. There are good facilities for the early detection of fractures, and we were glad to find that the greatest care is taken to set them under X-rays. The results in each case have, therefore, been decidedly good.

The hospital has a well-equipped operating theatre, and during the year 1933, 6 major and 17 minor operations were performed, in addition to a large number of dental extractions.

We were interested to hear that use is being made of the newest forms of inducing anæsthesia; evipan and spinal injections had been used in several cases.

We had many opportunities in the course of our visit of discussing with the medical officers the treatment of individual cases. One of the many features which impressed us favourably was the discrimination and sound judgment shown in the choice of patients to whom the newer methods of treatment were being applied. Such factors as the age of the patient, the stage of the physical disease, the general condition and any biochemical idiosyncrasy of the patient, receive careful consideration. At the time of our visit several patients suffering from general paralysis—schizophrenic conditions were being treated with pyrexial agents and the results seem encouraging.

# LANCASHIRE MENTAL HOSPITALS.—1. LANCASTER.

April 20th, 1934.

We have to-day completed the inspection of this large institution which we commenced yesterday, and we were sorry that we did not have the company of Dr. Sephton during our visit yesterday, but we have had the advantage of meeting him to-day and discussing several matters with him.

From statistics furnished to us we find that during 1933 there were :—

	Male.	Female.	Male.	Female.	Total.
Admitted—Voluntary ... ..	5	7	208	315	523
Certified ... ..	203	308			
Transferred to other care ... ..	11	21	114	151	265
Departed—Voluntary ... ..	1	2			
Discharged—Certified ... ..	102	128	90	120	210
Died ... ..	—	—			

Since the commencement of this year, 1934, there have been :—

Admitted—Voluntary ... ..	1	4	43	80	123
Certified ... ..	42	76			
Transferred to other care ... ..	1	3	25	46	71
Departed—Voluntary ... ..	—	1			
Discharged—Certified ... ..	24	42	14	31	45
Died ... ..	—	—			

Last year only 27 patients were allowed out on trial, and so far this year only about 5. We look upon the provisions of Section 55 of the Lunacy Act, 1890, as valuable in order to test the fitness of patients for subsequent discharge, and we hope that the Committee will make full use of their powers in respect of trial, and accompany it where required with grant of money allowances as provided for in the section.

The number of patients' names now on the books is 2,845, in the proportion of 977 males to 1,868 females. One of the former and 4 of the latter are now away on trial, leaving 976 men and 1,864 women in residence.

The total accommodation as returned to us is for 1,045 men and 1,752 women by day, and for 921 men and 1,842 women by night. According to this there is an excess of 56 men and 20 women by night, but there is vacant male accommodation of 68 places and overcrowding by 116 women by day.

Private patients number 172 men and 273 women ; 70 of the former are of the "service" or "ex-service" class. There are 16 out-county patients, 5 men and 11 women.

The weekly maintenance charge is for the rate-aided patients 18s. 1d., for private patients 24s. 6d. and 35s., and for those of the "service" class 21s. 10d. The average weekly cost as last ascertained was 17s. 9½d.

We believe we have given all those in residence an opportunity of speaking with us, and apart from appeals for discharge we received no complaints. Generally, the patients were quiet and orderly in their

behaviour, and this was especially so on the female side, but in one of the male airing courts at the Annexe there was some confusion and disturbance, owing to the very large number of men, some 250, being congregated together in a restricted area. We were informed that the men of the wards in question had been kept in from their work, and from the walking parties so that we might see them, and that the normal number of patients would have been about 100 in this court.

The ward gardens at the Annexe are being extended by the acquisition of a strip of the moor from the Lancaster Corporation.

On visiting the sewing room we found some 66 women engaged there, 20 of whom were being instructed in handicraft work. For a hospital of this size we think the room is none too large to be given up entirely to occupation therapy, and that needlerooms should be provided in various parts of the female side. We noted that a good deal of sewing was being done in the wards. We understand that female nurses are being instructed in occupation work, and hope that it will be carried on in the wards among those who are at present unemployed. We think more could be done towards the better classification of the patients, especially among some of the female wards. The wards generally were tidy and well kept, and in good structural and decorative condition, with the exception of the ground floor wards on the male side of the annexe, which were dingy and required brightening up. The floor cloth was in a very bad state in several places, and the seats of chairs and sofas require renewal.

Matters referred to by our colleagues in their last report have been attended to. There is a larger supply of daily papers—a new lavatory for the use of patients working in the old side kitchen has been formed. The calender in the laundry has been further protected.

Other alterations and improvements since the last visit include the completion of a new roadway, entrance with iron gates and railings to the annexe. Three calorifiers for hot water supply and three vacuum pumps for the heating system have been erected in the new boiler house. The installation of the new Lancashire boilers has effected a reduction of over 1,600 tons in the annual slack consumption.

A motor char-a-banc has been obtained and parties of 2 nurses and 38 patients are taken out twice daily.

The library in charge of the Chaplain has a good stock of books, some 2,000 fresh books being added annually. It is hoped to provide fresh quarters for the library, which will include a reading room for the patients.

In the year 1933, the average number of patients in residence was 2,806, and the mortality rate was 7·5 per cent. The death rate was much higher amongst the males than females as is shown by the relative percentages 9·4 and 6·5.

Since last visit, which was made on June 17th, 1933, there have been 120 deaths, and post-mortem examinations were made in only 26 of these, or nearly 22 per cent. This is an unusually low percentage. We consider it unsatisfactory.

Arterio sclerosis is credited with being the principal cause of death, 28 deaths being attributed to it. Heart disease takes second place with 24 deaths. Pneumonia caused 15 deaths and general paralysis 12. Cancer was responsible for 9 deaths, a relatively high figure for patients of mental hospitals in general.

It is satisfactory to note the complete absence of both enteric and dysentery, and to find that only two cases of influenza are recorded. There are at present 22 patients known to be suffering from tuberculosis and these we are satisfied are being treated in a way conducive to their own recovery and also with due regard to the health of others.

The disinfecter has been removed from its old position, and installed more centrally, and next the laundry. Its efficiency has been proved experimentally. The procedure in dealing with infected linen, into which we enquired, is thorough.

Medical treatment by means of light and heat therapy, baths and X-rays, is well provided for, and there is a well equipped laboratory and pathological room. These adjuncts to treatment and diagnosis are concentrated and thus provide a very useful treatment centre. Occupation therapy has already been referred to, and of its remedial value we are in no doubt.

The hospital lacks anything like a complete consultant staff—such an addition would be progressive, and add to its reputation—but has a consultant surgeon, Mr. Dean, who is also ophthalmic specialist.

It is disappointing to find the very little use which has been made of the Mental Treatment Act. Amongst rate-aided patients we saw not a single temporary patient, and but one voluntary. But in examining into recent admissions of 59 certified patients it appeared that 17 of these might have been admitted as temporary patients. In some instances the avoidance of certification would have been beneficial, meantime such patients have been deprived of the advantages of the Mental Treatment Act to which they have claim. We hope that the Act may become better understood and better applied in the area which the hospital serves, and that the medical staff of the hospital may lend themselves in helping this objective. Clinics are useful in this, and we are sure Dr. Sephton, who conducts the clinic at Lancaster Royal Infirmary, will find further occasion for reminding the local medical profession of the nature of the Act. We were glad to learn that there is likely to be a clinic established at Barrow, and we hope this too may help in disseminating information.

The nursing staff consists of 435 members, of whom 6 men and 29 women are charge, 95 men and 235 women are ordinary nurses, whilst 21 men and 49 women are for night duty. There are 15 women employed in nursing male patients.

Nurses certificated or registered number 154—80 men and 74 women, whilst 8 men and 24 women have passed the preliminary examination.

Dr. Sephton has the assistance of Dr. J. R. Silverston as his deputy, and of six other medical officers, two of whom are ladies.

#### LANCASHIRE MENTAL HOSPITALS.—2. RAINHILL.

*April 13th, 1934.*

We have to-day and yesterday been occupied in visiting all parts of this large institution, and regret that Dr. Reeve is away on his holiday and we had not the advantage of his company, but we have received every information we required from Dr. Denning, his deputy, and the other medical officers.

From statistics furnished to us we learn that during last year there were :—

	Male.	Female.	Male.	Female.	Total.
Admitted—Voluntary ... ..	3	6	242	241	483
Certified ... ..	239	235			
Transferred to other care ... ..	—	—	10	22	32
Departed—Voluntary ... ..	1	4	55	89	144
Discharged—Certified ... ..	54	85			
Died—Voluntary ... ..	1	—	121	96	217
Certified ... ..	120	96			
Since the beginning of this year there have been :—					
Admitted—Voluntary ... ..	1	4	70	65	135
Temporary ... ..	1	1			
Certified ... ..	68	60			
Departed—Voluntary ... ..	1	2	22	33	55
Discharged—Certified ... ..	17	27			
Transferred to other care ... ..	4	4	38	25	63
Died ... ..	—	—			

There are now on the statutory books the names of 2,754 patients in the proportion of 1,311 men to 1,443 women. Of these, 1 man and 3 women are on a voluntary basis, and 1 man and 2 women as temporary patients. We are glad to find that a start has been made to admit patients under the provisions of the Mental Treatment Act, and hope that the numbers will be increased as the Act becomes better known in the County.

Private patients number 141 men, of whom 139 are of the "service" or "ex-service" class. There are 3 males and 7 females chargeable to 9 out-county authorities.

One man and 3 women are now out on trial, leaving 1,310 men and 1,440 women in residence.

The accommodation as returned to us is for 1,088 males and 1,211 females by day, and for 1,288 males and 1,405 females by night. There is much overcrowding by day, and by night there is an excess of 23 male and 38 female patients. When the conversion of the medical officer's house at the annexe is completed, 31 extra beds will be available. The Lancashire Mental Hospitals' Board have passed a resolution to provide a new Reception Hospital, with convalescent accommodation. This will to some extent relieve the overcrowding, but the discrepancy between day and night accommodation will not be met.

The weekly maintenance charge for the County patients is 18s. 1d., and for those of the "service" and "ex-service" class 21s. 10d. The average cost for the 12 months ended December 31st last was 18s. 1½d.

To the best of our belief we have given all the patients in residence an opportunity of speaking to us and stating any of their grievances. They were particularly free from complaints, and the appeals for discharge were not unduly numerous. Their general conduct was quiet and orderly, and their personal appearance as regards dress and tidiness was satisfactory. We think that some of the women's underskirts could be made of a lighter and simpler pattern, which would bring them more in conformity with modern fashion.

Parole beyond the estate is given to 14 men and 20 women, whilst 137 men and 53 women have that privilege within the grounds.

The villa and male ward 7, and female ward 14 in the main building, are administered on the open-door principle, being open to the grounds.

A large amount of seclusion has been used during the past 14 months since the last visit, as many as 132 men and 115 women having been secluded for 30,012 and 37,905 hours respectively. This was said to be due to the very dangerous and violent character of these patients.

The day rooms and galleries were tidy and well kept, being well supplied with plants and flowers. There was a good supply of bound periodicals and books, but we think the supply of daily newspapers was short. In one ward there was only one paper to 56 patients.

The dormitories and single rooms, with their beds and bedding, were clean and tidy.

We were glad to see in female ward 16 at the annexe that in the single rooms chairs and chest of drawers were provided, and the patients allowed to have their own knick-knacks.

As suggested by our colleagues at their last visit, attention has been paid to the means of escape in case of fire at the "main house," where a circular staircase has been provided. Here, we think that a smoke screen should be placed at the top of the main staircase on the first floor, as explained to Dr. Denning. An outside fire staircase has also been provided from the 8-bedded dormitory in male ward 3 in the annexe.

The fabric of the institution is well maintained, and the exterior and interior painting and redecoration kept up.

Among the principal alterations and improvements completed since the last visit may be mentioned the new medical officer's house, a new disinfecting chamber erected and equipped at the laundry, steam and electrically-heated plate warming cabinets in several wards.

One of the calenders in the laundry has been further protected, as suggested by our colleagues.

At the annexe the cinema installation has been transferred from the female to the male hall, and at this latter place the stage proscenium is being widened.

At the main building it is proposed to build a new recreation hall, as the present one is found not to be large enough. This hall will be converted into the kitchen, and the present kitchen into workrooms and occupation centre.

We were glad to see the large amount of handicraft work that was being carried out, both in the occupation centres and in the wards, especially on the female side in the main building.

The dietary appears to be a good one, but we should like to see the order of the several diets varied in successive weeks. With the exception of those on Wednesdays and Thursdays, there are always the same diets on other days of the weeks.

The mortality rate for 1933 was 7.9. Deaths since the last visit numbered 239, the number of post-mortem examinations being 138.

Inquests were held on 5 patients, 1 of whom died in a fit, 1 from poison taken before admission, and the remainder from natural causes.

General paralysis accounted for 30 deaths. Treatment by malaria and tryparsamide is carried out.

The deaths from tuberculosis amounted to 38. A comparison with rates of incidence and death elsewhere is of interest; new cases notified per 1,000 population at Rainhill 15.4, all mental hospitals 7.7; deaths per 1,000 Rainhill 14.6, all mental hospitals 5.8.

Patients with tuberculosis are nursed on verandahs, there being 30 male and 10 female patients at present under treatment.

Other causes of death, with one exception, need not be mentioned in detail. Serious, but not fatal, casualties include 5 fractures, of which 3 were the result of accidental falls and 2 followed blows by other patients.

The cause of death which remains to be mentioned is dysentery, from which 2 male patients died since the last visit. The total number of cases occurring since last visit was 30 male and 4 female patients, and 4 male patients remain under treatment, while 2 female patients have to-day been declared free of infection after 6 negative bacteriological tests.

We discussed this outbreak in detail with those in charge, and appreciate the careful measures taken to prevent the occurrence of further cases. All the cases (with the exception of an isolated case of amoebic dysentery) occurred in the annexe. One female patient became ill in ward 16 in February, and 1 in ward 6 in March. No relation between the two cases could be traced; the third developed her illness soon after the transfer to the same ward of the second case. There are no fresh cases on this side. On the male side a large number of cases occurred in ward 13. Two suspected carriers have been discovered; 1 of them (J.E.P.) has had two attacks. The other (A.R.) is probably responsible for the most recent cases on the male side. Since last visit, gratings and drains have been fitted to the w.c. floors in the wards of the annexe, so as to allow of free washing of floors. The overcrowding and degraded habits of many of the annexe patients are probably contributory causes of the spread of illness; two points of interest may be added, first that of 4 male patients now under treatment for dysentery, 3 are already debilitated (tuberculosis epidemic encephalitis), and the second that 2 of the female patients had been in the habit of biting their nails, though one has been edentulous for some time. As an additional check upon the efficacy of disinfection, we would suggest a bacteriological test of soiled linen after the disinfection process.

Those in bed seemed to be to us carefully nursed. We think that patients who cannot have bedsteads would be more comfortable with two mattresses instead of one.

The dentist visits regularly and has much dental work to do, we are told. We think it would be an advantage if all patients could be seen by him in turn, so that in time every patient would have had a dental inspection and necessary treatment in addition to those found to need treatment during routine physical examination.

A large amount of laboratory work is carried through, and is of particular value in the infectious illnesses, tuberculosis and dysentery.

The nursing staff consists of:—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	17	26	43
Ordinary	...	...	...	...	...	...	119	175	294
Night ...	...	...	...	...	...	...	26	33	59
<i>Of the above:</i>									
Women on male side	...	...	...	...	...	...	—	19	19
Certificated or registered	...	...	...	...	...	...	117	102	219
Passed preliminary examination only	...	...	...	...	...	...	17	37	54

During our tour of the wards we found on duty 94 male and 137 female nurses.

Dr. Reeve has the assistance of Dr. Denning as his deputy, and five medical officers.

LANCASHIRE MENTAL HOSPITALS.—3. PRESTWICH.

May 8th, 1934.

We have to-day completed the inspection of this large institution which we commenced yesterday, and accompanied by Dr. Blair, and by one or other of his medical colleagues, have visited all the wards and departments of the hospital, and during the course of our tour we believe we have given all the patients in residence an opportunity of stating any complaint or grievance. We understand that Dr. Blair will be shortly giving up the post of Medical Superintendent, which he has held since January, 1926. We hope that he will be long spared to enjoy his retirement after his long service under the Lancashire Mental Hospitals Board.

From statistics furnished to us we learn that during last year, 1933, there were:—

				Male.	Female.		Male.	Female.	Total.
Admitted—Voluntary	...	...		9	9	}	148	184	332
Certified	...	...		139	175				
Transferred to other care	...	...		5	8	}	84	102	186
Departed—Voluntary	...	...		5	6				
Discharged—Certified	...	...		74	88	}	74	76	150
Died	...	...	...	—	—				

Since the commencement of this year there have been:—

Admitted—Voluntary	...	...		4	2	}	74	53	127
Certified	...	...		70	51				
Transferred to other care	...	...		3	1	}	21	25	46
Departed—Voluntary	...	...		6	1				
Discharged—Certified	...	...		12	23	}	39	32	71
Died	...	...	...	—	—				

There are now on the statutory books the names of 2,754 patients, in the proportion of 1,301 men to 1,453 women; 2 of the former and 4 of the latter are on a voluntary footing, the remainder being on reception orders. No one has been admitted as yet as a temporary patient, but we are glad to see that a beginning has been made to receive voluntary patients.

Private patients number 241 men and 13 women, 237 of the former being of the “service” or “ex-service” class. There are 3 men and 4 women chargeable to 5 out-county authorities.

The weekly maintenance charge for the County rate-aided patients is

18s. 1d., and that for private patients is from 20s. to 42s. The average weekly cost, as last ascertained, was 19s. 7½d.

The total accommodation in the hospital is returned to us as for 2,745 patients, 1,295 on the male side and 1,450 on the female. There are in residence to-day 1,297 men and 1,447 women, so the hospital is practically full.

The work of redrainage, with the reconditioning of the heating system, and the reconstruction of the sanitary spurs is proceeding, and necessarily there is some disturbance to the normal working of the institution, but arrangements have been made to lessen this as much as possible. Female wards 4 and 10 in the main building are in the contractors' hands. The patients from the former have been accommodated at one end of the female infirmary, and the "old laundry" at the annexe has been converted into a reserve ward for 84 women displaced by the work which is proceeding. In this building there have also been provided two visiting rooms for the males and females at the annexe, a dentist's room, a dispensary, and a doctors' and matron's room.

Adjacent to this building the old battery room has been converted into a ward for about 60 men, but it has not been necessary to bring it into use yet as the work on the male side in the main building can be carried on without removing the patients from the ward.

On visiting the laundry we noticed that our colleagues' recommendation as to the protection of the multiple roller calender has been carried out, but we think that the top of the single calender should be further protected in a manner we have explained to the engineer.

We found the patients generally well behaved, contented, and free from complaints. The appeals for discharge were not unduly numerous. Their personal appearance as regards their dress and tidiness were satisfactory. We were shown ways in which improvement had recently been made, particularly in regard to the women's dresses.

We discussed with Dr. Blair some further improvement which might be considered. For instance, as to the variety in colour of socks and stockings so that these be of less "institutional type," and the modernization of the women's underclothes, and the provision of nightshirts for men.

We are glad to know that a regular system for keeping the tooth-brushes is being prepared.

Occupation therapy is being carried on on excellent lines, and is spread over several places. We were glad to notice that in one admission ward all the patients who were not in bed were employed in some way. Besides the ordinary work of sewing, embroidery, basket, raffia, carpentry and rug-making, we noticed designing and painting, and papier mâché work, pewter work and netting. The training of more members of the staff for this work has been carried out.

We saw a class of 10 men undergoing physical drill, under the direction of a patient who had been a physical training instructor. We hope that more suitable clothing can be supplied to the men for these exercises.

Generally, the day rooms, galleries and dormitories were clean and well kept, but a good deal of redecoration is required, especially at the annexe. Some of the wards there were very bare-looking, lacking plants, flowers, ornaments or objects to interest the patients. This was particularly noticeable in female wards 4 and 5, where the flower and plant stands were all empty. Now that new greenhouses have been erected we hope the supply of plants and flowers in these wards will be increased.

The supply of newspapers to the larger wards might be increased with advantage. For instance, in a workers' ward of 167 men there were only 2 morning and 1 evening daily papers. There is a good supply of books in the library, and their distribution is carefully thought out; they are changed weekly. A technical library for nurses contains over 50 volumes.

The beds and bedding were tidy and clean. We noticed in one small

dormitory on the top of female ward 9 of the main building, the 4 beds were so arranged at the time of our visit that they blocked the second exit and could not be moved without considerable difficulty.

A talking cinema apparatus has been installed since the last visit.

The following wards are administered on the open-door principle: Nos. 1, 5, infirmary 1 and 3 on the male side of the main building, Nos. 1 and 9 on the female side of the main, and Nos. 1 on each side of the annexe, and the farm house.

Parole is given to 90 men to go beyond the estate, and 57 men and 42 women have that privilege within the grounds.

The mortality rate per cent. for the year 1933 was the low one of 5.4.

Deaths since last visit were 180; post-mortem examinations were carried out in 104. General paralysis was responsible for the deaths of 19 males and 1 female patient. Cases are treated by pyrifera or malaria, and the results of the two methods of treatment are compared. Cases continue to be admitted in advanced stages of the disease. Tuberculosis caused 11 deaths (4 male and 7 female patients). There are at present under treatment for this illness a total of 23 patients (11 male and 12 female patients). It speaks well for the care given to the diagnosis and treatment of tuberculosis here, that whereas the number of cases notified is in excess of that from all mental hospitals, the figures being 8.7 per 1,000 population and 7.7, the figure for deaths per 1,000 is substantially below the figure for all mental hospitals, that is 2.9 as compared with 5.8 per 1,000 of population. With the exception of dysentery, 11 deaths, and enteric fever 2 deaths, to which reference is made below, the remaining causes of deaths call for no particular comment.

Among 12 fractures sustained since last visit, all of them with two exceptions (one, cause unknown, one sustained in quarrel between two patients) were due to accidental falls. One man sustained rather a severe injury to his hand while at work on the farm, the guard on the machine on which he was working having been temporarily removed. His hand has now healed, and we understand that the machine has been further protected.

Epidemic illness since last visit has included erysipelas 10 cases, enteric fever 2 cases, and dysentery 80 cases. The patients who had enteric fever were both women, and both died; 1 arose early in January in annexe ward 2, and the other towards the end of March in annexe ward 5. Six carriers have been discovered at one time or another; those remaining in the hospital are segregated, and there are no cases at present under treatment. Dysentery has again given rise to considerable anxiety. There have been no cases during April or in the current month. Of the 80 cases since the last visit, 8 men and 3 women died. The number of cases during 1934 was about 40, scattered among some 10 wards in the main building, and 9 wards in the annexe, and affecting both sexes. No single cause can be assigned to these outbreaks.

Points which facilitate the spread of infection are the old system of sanitation and the disturbance in making provision for the new one, the large size of many wards, and the sharing of gardens and dining halls by patients from a number of wards, the absence as yet of ward stocks of clothing, and the inadequacy of access to hot water. For instance, in the female annexe infirmary where for 130 patients, nearly a quarter of whom are in bed, the only hot water tap is that of the bath. These points are all under consideration, and many of them are gradually being remedied.

The possibility of spread by water, milk, or foodstuffs is kept in mind and occasional tests are made; it is advisable, we think, that these be repeated at regular intervals. The search for carriers is continued in the laboratory. The number of examinations in the laboratory has risen from 2,171 in 1932 to 7,218 in 1933, almost the whole of the increase being due to work on dysentery.

We realize the large amount of work involved in tracking down and dealing with the sources of infection, but feel that success can only be hoped for by attacking the problem from as many angles as possible.

The percentage of patients in bed at the time of our visit was approximately 7 on the female and 6 on the male side of the hospital ; of these, just under 90 per cent. of women and over 90 per cent. of men were there for physical reasons. They were, in our opinion, carefully nursed. Very few patients were without bedsteads ; for these we would suggest that two mattresses instead of one would be an advantage. The medical officers with whom we discussed the patients, showed detailed knowledge of those under their charge, and interest in modern medical and surgical treatment.

The out-patient clinics are useful, both for new patients and for seeing old patients after discharge. The services of a social worker in home visits and reports are much appreciated.

The nursing staff consists of:—

	Male.	Female.	Total.
Charge ... ..	16	19	35
Ordinary ... ..	147	151	298
Night ... ..	27	32	59
<i>Of the above :</i>			
Certificated or registered ... ..	94	26	120
Passed preliminary examination only ... ..	12	12	24

Dr. Blair has Dr. S. R. Tattersall as his deputy, and 7 other medical officers, 2 of whom are ladies.

LANCASHIRE MENTAL HOSPITALS.—4. WHITTINGHAM.  
*April 18th, 1934.*

We have to-day completed our visit of inspection on behalf of our Board to this large institution, and we are glad to report that it continues to be excellently administered upon modern and progressive lines by Dr. Grant.

From statistics furnished to us we learn that, during 1933, the following changes took place:—

			Male.	Female.	Male.	Female.	Total.
Admitted—Voluntary	...	...	7	3	202	224	426
Temporary	...	...	1	1			
Certified	...	...	194	220			
Transferred to other care	...	...	—	—	12	10	22
Departed—Voluntary	...	...	1	2	93	111	204
Discharged—Certified	...	...	92	109			
Died—Temporary	...	...	1	—	84	88	172
Certified	...	...	83	88			
Since January 1st this year there have been :—							
Admitted—Voluntary	...	...	10	4	79	87	166
Temporary	...	...	1	—			
Certified	...	...	68	83			
Transferred to other care	...	...	—	—	3	4	7
Departed—Voluntary	...	...	3	2	21	47	68
Discharged—Temporary	...	...	—	1			
Certified	...	...	18	44			
Died—Voluntary	...	...	1	—	37	39	76
Certified	...	...	36	39			

There are on the statutory books to-day the names of 3,065 patients, in the proportion of 1,506 males to 1,559 females, all of whom are in residence.

We notice that the practice of sending patients out on trial, to test their fitness for final discharge, is very little used here. During 1933 only 14 men and no women were sent on trial, and, so far this year, no one has so been sent. We look upon this provision, allowed by Section 55 of the Lunacy Act, 1890, as a very valuable one, especially if it is accompanied by a money allowance. We are informed, however, that the Committee use the provisions of Section 79 to a great extent.

Private patients number 133 men and 3 women, 132 of the former being "service" or "ex-service" men.

There are 3 out-county patients chargeable to as many other authorities.

The accommodation as returned to us is for 1,438 males and 1,517 females by day, and for 1,431 males and 1,511 by night. Upon this calculation, the day accommodation is exceeded by 68 men and 42 women, and the night by 75 men and 48 women.

The weekly maintenance charge is for the rate-aided patients 18s. 1d., for private patients 30s., and for those of the "service" class 21s. 10d.

To the best of our belief we have given all the patients an opportunity of speaking with us, and stating any of their grievances. We found them generally very contented and free from complaints, and the appeals for discharge among such a large number of patients were few.

Two of the male wards and one of the female wards in the "hospital" are administered upon the open-door principle, and are open to the grounds. Parole beyond the estate is given to 102 men and 38 women, and within the grounds to 270 men and 108 women. We noted, with satisfaction, the amount of freedom that prevails in the institution.

The question of occupation therapy is receiving continued attention. A new centre has been opened this week for the men in a disused part of the laundry, and an old drying ground is being prepared for instructional gardening. That for the women is in the west annexe, adjacent to the needle room. Both these centres are somewhat small, and will require to be increased when more of the unemployed patients can be sent for instruction. We hope also that members of the ward staffs will take an interest in this work, and carry it on in the wards.

The recreations and amusements for the patients are well catered for here, and there is a daily entertainment of some kind in the hall in the main building.

The day rooms and galleries are very well kept; there is a very good supply of plants and flowers, papers, and books.

The clothing and personal tidiness of the patients were satisfactory, and the beds and bedding were clean and well arranged.

Completed since the last visit is the closing down of the gas plant, and provision of coke ovens at the old annexe and west annexe in place of gas ovens.

Plans for the reconstruction of the Central Administrative Block are to be got out, and the erection of a Nurses' Home and a house for a married Medical Officer is contemplated.

The mortality rate for the year 1933 was 5.66 per cent., a figure we consider creditably low. Since last visit (August 16th, 1933) there have been 138 deaths. There were two principal causes of death, heart disease accounting for 42 deaths, and general paralysis for 26; thus, these causes contributed to well over half of the deaths which occurred.

Post-mortem examination was held in about 43 per cent. of all deaths, a rather low number, and due, we were told, to the reluctance of the relatives to consent.

There has been but few accidents of a serious nature.

The general health of the hospital has been good. A single case of enteric occurred, a member of the staff being affected. There has been, however, a considerable number of cases of diarrhoea, chiefly in the form of colitis, and 8 cases of dysentery have been diagnosed. Females only

were affected. We find that the energetic and well advised measures taken to combat and eliminate these epidemic diseases are very thorough, and offer promise of complete success.

The isolation block, though close to the male quarters, has been used for the segregation of female sufferers and carriers, and is quite suitable for this purpose. Dr. Grant would like to have a somewhat similar block on the female side, and showed us a site which seemed very suitable. The block, being of two parts, might be made suitable for permanent use as a sanatorium for tubercular patients as to one part, and as reserve accommodation for segregation of carriers or infectious cases as to the second part. Were his design carried out, there would then be special accommodation on both male and female sides for the treatment of tuberculosis and for isolation of infectious diseases. This project is worthy of commendation.

We considered the dietary scale shown us, and discussed with Dr. Grant, in detail, how we considered minor improvements in it might be made.

When visiting that part still known as the "hospital," and which is not now used as a hospital, we enquired into what special provision the institution has for treating its patients. We found in being an excellent laboratory, a well equipped X-ray room, and a very useful room for light therapy. There is also a dental room. A dentist visits twice weekly. Though there are arrangements by which the services of specialists may be obtained, we note that there is no special consultant staff. We would like to see Whittingham with a staff of consulting specialists—a surgeon, an ophthalmic surgeon, a gynaecologist, and a radiologist. We think that it would be a satisfaction to the specialists to have their names connected with a mental hospital of such repute as Whittingham, and we think it would add to the utility and lustre of Whittingham itself.

We were pleased to find that occupation therapy has been introduced, and are in no doubt as to the value it will prove itself to be.

It is somewhat disappointing to find the limited application which the Mental Treatment Act is receiving in this area. In examining into the nature of the mental illness of the patients received into this hospital during the past two months in conjunction with the medical officers of the hospital, it would appear that rather more than 30 per cent. of the certified patients received in that period might have been received as "temporary patients." We are satisfied that the Medical Superintendent and the medical staff have done what they could to further the working of the Act. The lag, it would seem, is due to local inertia.

There are clinics at three of the General Hospitals. The clinic at Preston is conducted by Dr. Grant. Clinics at Blackburn and Burnley have been established. These latter are not likely to be so effective as the former, as the medical officers who attend them from Whittingham hold only secondary positions there, despite their special knowledge of psychopathology and the acquaintance with the Lunacy and Mental Treatment Acts.

In considering the use to which the block known as the "Hospital" Block is being put to, it seemed to us that it might be made better use of by converting it into an admission hospital. It could accommodate some 80 patients of each sex; it has a number of good single rooms; it is bright and light, and already contains a therapeutic centre. Verandahs and a couple of "continuous" baths might be installed. Whittingham would then possess an admission hospital where voluntary, temporary, and certified patients might be properly accommodated, and readily receive the benefit of modern medical treatment.

The nursing staff consists of 438 members, 207 men and 231 women, divided as follows :—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	16	23	39
Ordinary	...	...	...	...	...	...	162	174	336
Night	...	...	...	...	...	...	29	34	63
<i>Of the above:</i>									
Certificated or registered	...	...	...	...	...	...	127	63	190
Passed preliminary examination only	...	...	...	...	...	...	18	38	56

The medical staff of the hospital has been depleted recently by the promotion of Dr. Thomas, Deputy Medical Superintendent, to the post of Medical Superintendent at Wakefield Mental Hospital. Meantime, Dr. McDiarmid is Acting Deputy Medical Superintendent, and very effectively performing this responsible position. There are 5 other medical officers, 2 of whom are ladies. There is 1 vacancy.

LANCASHIRE MENTAL HOSPITALS.—5. WINWICK.

September 27th, 1934.

We have to-day completed the inspection of this large institution which we commenced yesterday, and can report that it continues to be well maintained and capably administered by Dr. Rodgers for the comfort and welfare of the patients.

From statistics furnished to us we learn that during 1933 there were :—

	Male.	Female.	Male.	Female.	Total.
Admitted—Voluntary ... ..	1	—	139	139	278
Certified ... ..	138	139			
Departed—Voluntary ... ..	1	—	69	77	146
Discharged—Certified ... ..	67	71			
Transferred to other care—Certified ...	1	6	64	57	121
Died ... ..	—	—			
Since the commencement of this year there have been :—					
Admitted—Voluntary ... ..	2	1	107	89	196
Temporary ... ..	2	—			
Certified ... ..	103	88	54	53	107
Departed—Voluntary ... ..	2	1			
Discharged—Temporary ... ..	2	—	43	32	75
Certified ... ..	36	47			
Transferred to other care—Certified...	14	5	43	32	75
Died ... ..	—	—			

There are now on the statutory books the names of 2,354 patients, 1,137 men and 1,217 women, all with the exception of 1 man being on reception orders. Fifty-one men are “service” or “ex-service” patients, being the only ones classed as private patients. Three men and 1 woman are chargeable to other authorities outside the County.

The weekly maintenance rate for the home patients is 18s. 1d., and the average weekly cost as ascertained to March 31st this year was 18s. 1½d.

Three male patients are away on trial, and 3 men have escaped and have not been re-taken.

The accommodation as returned to us is for 1,044 males and 1,120 females by day, and for 1,075 males and 1,135 females by night. Upon this calculation there is at present overcrowding to the extent of 90 patients by day and 59 by night on the male side, and of 97 by day and 82 by night on the female side. These figures show a further increase of 24 patients on those mentioned by our colleagues last year.

To the best of our belief we have given all the 2,348 patients, 1,131 men

and 1,217 women, in residence an opportunity of speaking with us and, stating any complaints or grievance. We found them especially quiet, well-behaved, and free from any complaints, and the appeals for discharge were exceptionally few. They were tidy and clean in their personal appearance, and their clothing satisfactory.

Parole beyond the estate is allowed to 75 men, and within the grounds to 53 men and 22 women. Two wards on each side are administered on the open-door principle.

A good start has been made with "occupation therapy"; one of the sisters has been trained, and from the 1st of next month she will assume the office of Occupation Officer. A centre has been started at the end of female ward 7 day room where she is holding classes, and some handicraft work is being done in the wards on each side. When some proposed alterations have taken place in the laundry, the present sewing room will be converted into an occupation centre for the female side. A similar centre will have to be provided for the men.

In addition to the handicraft work, the usual domestic and routine work of the hospital, drill squads are held for men on four afternoons a week and a gang of from 8 to 10 female patients are employed in gardening.

Some structural alterations are contemplated in the laundry, and new and up-to-date machines are to be installed. The existing ironing room will be converted into a sewing room.

We noticed that most of the lids of the hydro-extractors could be raised whilst the machines are in motion, and that the tops of the single roll calenders require further protection in a manner we have described to Dr. Rodgers and the Engineer. These matters, we think, should be attended to at once, and not to wait pending the installation of new machines.

Besides the provision of an Admission Hospital and convalescent villas, it is proposed to erect additional cottages for the staff.

The fabric of the building is very well maintained, and the condition of the wards very satisfactory. There was a very good supply of plants and flowers in the day rooms, galleries and infirmary wards, and the ward gardens are very well kept and bright with flowers.

The dormitories and single rooms with their beds and bedding were very tidy, clean, and well kept.

For the year 1933, the mortality rate was 5 per cent., a pleasingly low figure.

Since last visit, 18 months ago, there have been 144 deaths—74 males and 70 females having died. Post-mortem examination was made in 51 instances, that is in 36 per cent. of all deaths—a rather low ratio. Heart disease preponderates as the chief cause of death, there being 82 deaths due to this. General paralysis occupies second place with 21 deaths and tuberculosis comes third with 16 deaths. Pneumonia caused 8 deaths, and kidney disease 6. Malignant disease was responsible for 4 deaths. Five inquests have been held; in 4, death was found to be due to natural causes, and the 5th to misadventure. A patient suffering from cardiac disease was partially suffocated by food she attempted to bolt, and collapsed from the shock induced by respiratory embarrassment.

There were 20 serious accidents, but none of these terminated fatally. Accidental falls with consequent fracture of bone, account for nearly all these cases. In one instance a patient suffered severely from burns, having set his clothes on fire when smoking.

The hospital has been singularly free from epidemic disease. There were 8 cases of influenza, and no case of infectious fever among the patients. There was no dysentery and no enteric. At present one of the nursing staff is suffering from scarlet fever.

The low mortality, the absence of infectious disease and the limited manifestation of tuberculosis, are sufficient indications of the satisfactory health the hospital has enjoyed.

Though the hospital is being used to its full capacity we appreciate that good food, plenty of air and good light in addition to satisfactory medical care and nursing are the essentials concerned in the happy results. While we are very fully satisfied with the care given to the patients and with the generally contented state in which we found them, it seems possible that the hospital might be even more useful than it already is.

For the year 1933 there were only 5 patients absent on trial, and there were no patients boarded out. Our colleagues, in their report at last visit, referred to the tendency of the hospital population to become static. Meantime we are aware that in some of the public assistance institutions there are cases awaiting admission to mental hospital, some of these are recent cases urgently in need of specialized treatment. We suggest that with an extension of absence on trial and with an organized effort to board out suitable patients, a number of hospital vacancies might be obtained and the utility of this hospital thus increased. Concerted action is necessary in finding relatives who are agreeable and homes suitable for boarded out cases.

The present nursing staff consists of:—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	13	16	29
Ordinary	...	...	...	...	...	...	116	126	242
Night ...	...	...	...	...	...	...	27	32	59
<i>Of the above:</i>									
Certificated or registered	...	...	...	...	...	...	112	39	151
Passed preliminary examination only	...	...	...	...	...	...	19	33	52

Dr. Rodgers has at present six medical officers on his staff, two of them being ladies and two on a temporary footing. The question of the appointment of a successor to Dr. John Gifford as Deputy Medical Superintendent on his appointment to the charge of the Prestwich Mental Hospital is before the Lancashire Mental Hospitals Board to-day.

#### LEICESTERSHIRE AND RUTLAND MENTAL HOSPITAL.

October 17th, 1934.

We have to-day visited this hospital and have found it well maintained and administered.

It appears that every available spot in the hospital has been commandeered for sleeping accommodation and there is considerable overcrowding on both sides, but worse on the female than on the male side; the situation is a serious one but the Committee, many of whom we had the pleasure of meeting to-day, are fully alive to the difficulties of the situation and have lately been discussing the matter with members of our Board, and we hope before very long the matter will be able to be adequately and satisfactorily dealt with.

Since the last visit by two of our colleagues some valuable work has been done, including the conversion of the old cinema apparatus into a talking machine. This apparatus was used for the first time a fortnight ago, with very satisfactory results. A new weighing machine has been installed at the farm, and there has been a considerable amount of outside painting done. Female ward 3 is now in the hands of the decorators. Among the improvements contemplated are a new house for the Deputy Medical Superintendent, and further general accommodation.

The day was wet and consequently we saw all the patients indoors. We had very few complaints and the patients generally were very quiet and orderly. In male 3 we thought that the addition of a billiard table or bagatelle board would be a boon to the patients, who seemed to have little to amuse them.

We were very glad to hear that additional small tables to hold four are to be added to the female private block.

Though now nearly over, the garden of the male private block was very pretty, and it would add much to the appearance of the hospital if more flowers were added in the other gardens. It is a somewhat heart-breaking task to start flowers in courts of noisy wards, but it can be done and we know of places where exactly similar patients are housed, where the gardens of the worst wards are as gay and well kept as those of the best wards.

We saw a very good type of steel locker for the patients in one of the wards, where they can keep, under lock and key, their private property, a type of locker that might well be repeated when opportunity occurs.

During 1933 there were 184 admissions, including 20 voluntary and 3 temporary patients ; since January 1st this year there have been 164 admissions, including 34 voluntary and 2 temporary patients.

There are now on the books of the hospital the names of 348 men and 459 women. These figures include 29 voluntary and 1 temporary patients. The number of patients actually in residence to-day was 804. The weekly maintenance charge per head is 20s. 5d. for home and 42s. for private patients, the average weekly maintenance cost as last ascertained being 21s. 0½d.

The nursing staff is as follows :—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	7	10	17
Ordinary	...	...	...	...	...	...	28	34	62
Night ...	...	...	...	...	...	...	6	7	13

Twenty-eight men and 10 women are certificated or registered as mental nurses, and 7 men and 11 women have passed the preliminary examination.

The general health of the patients has been very satisfactory. The mortality rate for the year 1933 was 7·7 per cent. Since the last visit 68 patients have died, 41 men and 27 women. The cause of death was verified by post-mortem examination in nearly 84 per cent. of the cases : Cardio-vascular degeneration 22, general paralysis 12, and heart disease 10, were the diseases mainly responsible. Inquests were held in 2 cases ; 1 due to suicide by drowning, the patient being away on trial at the time, and the other an accidental death, following a fracture of the right thigh in the case of a patient suffering from cardio-vascular degeneration.

Ten patients have sustained fractured bones, 8 of these being due to accidental falls and 2 to violence from other patients. In addition, 1 patient lost 3 fingers in an accident with the bread slicing machine. Steps have been taken to prevent any such accident in the future.

The last case of dysentery was notified over 18 months ago. A few patients remain in the hospital who have previously suffered from this disease. They are subjected to periodical examination. Malaria therapy for the treatment of general paralysis has been started. Useful work is being carried out in the laboratory, and the amount of work done in this department will be further increased by the performance of additional tests on all new admissions.

A very fair number of voluntary patients are admitted under the Mental Treatment Act. We saw several newly-admitted certified patients who, we considered, might have been sent in as temporary patients. In connection with the working of the Act, we were glad to hear that an out-patient clinic is likely to be started quite shortly, and have no doubt that this will be the means of avoiding certification in an increased number of cases.

Dr. Drury has to assist him Drs. Prentice and Kosloff.

LINCOLNSHIRE (LINDSEY AND HOLLAND) MENTAL HOSPITAL,  
BRACEBRIDGE.*March 14th, 1934.*

We began our annual inspection of this hospital yesterday morning at the new admission hospital, to which we refer in detail later. From there we went to the two villas, Holland and Lindsey, accommodating 58 and 55 patients respectively. These villas are very comfortable and well equipped, and the patients there appeared to be very happy and contented. We were particularly pleased to see the small lockers, which are provided in both, with padlocks and keys, in which the patients can keep their own small personal belongings. The silent reading and writing rooms at these villas are very much appreciated, and it is found that many of the older people who do not want either to read or to write like to sit there in the quiet.

In the main building the wards were comfortable, well warmed and ventilated, and there was a really good supply of books on the book shelves. There was no noise and no signs of turbulence in any part of the hospital.

Billiards is a popular game here, and in some wards a slate is kept on which the table can be booked for half an hour at a time. It is important that cues should be tipped before the stock gets too low. This was not the case in one ward, where there were only two cues available.

We visited also the Red House and Bracebridge Hall, where we thought the system of cubicles for the better patients was very good and must add much to their comfort.

The door leading to the outside fire staircase was locked and the only key available was in the glass box by the side. We think it advisable that the nurse in charge should have a key to this door so as to ensure that it opens freely without the door or the lock sticking, and further we think that it is advisable that the patients should be taken down this staircase so as to accustom themselves to it.

We venture to call attention once more to the mortuary viewing room which is not, in our opinion, up to the standard to be expected in a hospital of this size and importance. We are certain that it could be made quite suitable at the expense of a few pounds. At present it appears to be just an ordinary disused room with a fixed basin and sink, a round table with a cloth on it, a few wooden stools, a large cupboard, a tiny cross, and a bible. There is nothing of any sort except the shell and the little cross to suggest a mortuary chapel. A few yards of some suitable hanging and a little plywood panelling, and some sort of a table to suggest an altar, raised perhaps a few inches would, we feel sure, make a great difference, with of course the removal of the basin and sink. Perhaps some of the ladies of the Committee would be kind enough to design a simple plan on these lines so that friends may say farewell to their deceased relations in surroundings less sordid and more reverential. If some attempt were made to hide the coal store by a pallisade of some sort it would be an improvement.

The patients generally were well clothed and shod, and appeared to be happy and well cared for.

We hope that every effort will be made to extend the occupation therapy, especially on the male side.

We gave 5 private interviews to various patients whose names we have given in the patients' book.

During 1933, 259 patients were admitted, including 18 voluntary and 2 temporary patients. Eight patients were transferred to other care, 122 departed or were discharged (of whom 78 had recovered), and 88 died. There are now on the statutory books the names of 592 men and 760 women, 1,352 in all, including 11 voluntary, but no temporary, patients. There are 43 service or ex-service patients and 6 female private patients.

By day there are 12 vacancies for females, but by night there is overcrowding to the extent of 39 men and 7 women.

The weekly maintenance charge per head is 18s. 8d., and the average cost, as last ascertained, 19s. 7·8d.

Parole is usually granted to 28 men beyond, and to 67 men and 56 women, within the estate.

The new admission hospital was opened in July last. This is a very complete unit, furnished with all the necessary requirements for the modern treatment of mental disease. There are 50 beds for female and 40 for male patients. On each side there are 2 single rooms for private patients, with verandahs. The day rooms, which include a writing room on each side, are nicely furnished and decorated with very suitable pictures, which were purchased at local sales. We noticed that the armchairs are very hard and unyielding, and hope that something can be done to make them a little more comfortable. We were much interested in the rooms for lavage treatment, and the continuous baths which are said to be "fool proof," so that no possible harm can come to a patient while under treatment. A modern X-ray plant has been installed and has already been found very useful as an aid to diagnosis, whilst as experience is gained it will be used for treatment. A special heating system has been installed in the padded rooms and by this means the temperature can be regulated to the needs of different patients. Each patient is provided with a serviceable bedside locker, the top of which is made of stainless steel. In the central block is a pleasant common room where the sexes mix, an excellent plan which tends to produce a homelike atmosphere. There is a plentiful supply of books and papers which patients are free to take to the common room or to the reading room on either side. The surgical unit is complete with an operating room, an anæsthetizing room, dental room and modern sterilizing plant.

The mortality rate for the year 1933 was 6·7 per cent. Since the last visit on January 17th, 1933, 103 patients have died, 46 males and 57 women. The cause of death was verified by post-mortem examination in rather under 50 per cent. of the cases. One female patient died from shock caused by accidental burns. An inquest was held and a full report forwarded at the time to our Board. Another female patient committed suicide by gas poisoning while absent from the hospital on trial.

The chief causes of death have been heart disease 29, tuberculosis 12, pneumonia 12, general paralysis 11. An outbreak of scarlet fever started in February, and there are still 12 patients under treatment in the hospital and 10 female nurses in the City Isolation Hospital. In addition, there are 10 patients and 4 nurses under observation with symptoms suggesting a mild attack of this disease. The infection originated outside the hospital, a member of the staff living at her home being the first case notified. The outbreak has been confined to the female side of the hospital and members of the female staff. Two cases have occurred at Red House. Prompt steps have been taken to immunize members of the staff and patients working in the kitchen and laundry.

With 14 members of the staff on the sick list on account of this disease the usual routine of the hospital has naturally been somewhat upset. As far as possible the vacancies have been filled by engaging nurses who have previously been on the staff, for temporary duty.

A full report was made at the last visit on an outbreak of enteric and paratyphoid fever that had occurred at about that time. Since then, 2 female patients and 1 nurse have contracted enteric, and 4 female patients and 2 nurses have contracted paratyphoid. There have been no fresh cases during the last 8 months. Excellent work is being done in the new laboratory to find out possible sources of infection amongst the staff and patients, and all new admissions are tested on arrival.

We are satisfied that due precautions are being made to prevent the

spread of these diseases, and the only suggestion we wish to make is that measures should be taken to sterilize the bins used for the conveyance of fouled clothing.

Serious but non-fatal injuries number 15, and were all due to accidental causes. One patient fractured his lower jaw falling in a fit; the majority of the remainder were simple fractures of the extremities.

We were very sorry to miss Dr. Macarthur, but his deputy, Dr. Scott, and the assistant medical officers, gave us every possible assistance.

LINCOLNSHIRE (KESTEVEN), SOKE OF PETERBOROUGH, AND BOROUGH  
OF GRANTHAM MENTAL HOSPITAL, RAUCEBY.

*March 14th, 1934.*

We have to-day visited this hospital and believe we have seen all the patients. We have found it well maintained and administered, and the patients in receipt of good medical and nursing care and attention.

Since the last visit by two of our colleagues the talking cinema has been completed, and the entertainment hall has been very nicely decorated and a very attractive system of lighting there has been installed. The heating of the hall has also been improved. Wireless has now been connected to all wards and is much appreciated. Redecoration in light colours is now going on, and various small improvements. We see with pleasure that the Committee have in mind the erection of an admission hospital, a nurses' home and villas, and we hope that their plans will mature. Bearing in mind that there is overcrowding on both sides, some extra accommodation, particularly on the female side, has become very necessary.

We found the patients well dressed, comfortable, and cheerful, and several patients spoke of the kindness shown to them here with gratitude. The wards and dormitories were well kept and well aired. We saw an excellent dinner being served on the male side, consisting of hot boiled beef with two vegetables, followed by stewed figs, prunes and apricots with custard. The meal was obviously much enjoyed. In the west male ward we were shown the silent room, a small but comfortable room, with writing tables with paper and envelopes, where patients can write or read and sit quiet. The billiard tables on the male side were well kept and cared for, and the cues all had screw tips which, we were told, last very much longer than ordinary ones. In the bathroom on the male side we thought it would be an advantage to have the patients who are to be bathed, down to the bathroom in smaller groups. To-day there were 26 patients waiting for four baths, which must necessarily mean a somewhat long wait. During 1933, 59 patients were admitted, including 2 male temporary patients, 5 were transferred to other care, 24 left or were discharged (15 upon recovery), and 39 died.

There are now on the statutory books the names of 236 men and 249 women, but 1 woman being on trial the total number in residence was 484. The hospital is overcrowded by 9 on the male and 39 on the female side. Parole is usually granted to 12 men and 6 women beyond the estate, and to 25 men within the estate. The present staff of nurses is as follows :—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	8	8	16
Ordinary	...	...	...	...	...	...	22	22	44
Night ...	...	...	...	...	...	...	6	6	12

Twenty-three men and 10 women are certificated or registered as mental nurses, and 5 and 9 respectively have passed the preliminary examination.

The mortality rate for the year 1933 was 8 per cent. Since the last visit 22 patients have died, 9 males and 13 females. Post-mortem

examinations were held in nearly 82 per cent. of the deaths. An inquest was held in the case of 1 woman, who was admitted in a dying condition, suffering from self-inflicted wounds.

It is most satisfactory to be able to note that there have been no injuries of a serious nature since the last visit. The chief causes of death have been heart disease 5, pneumonia 3, and exhaustion 3.

There have been no cases of epidemic or zymotic disease and, indeed, there has been remarkably little illness of any sort amongst the patients. There were only 12 cases in bed in the two hospitals to-day. They appeared to be very well cared for and receiving treatment necessary to their condition. Suitable cases sleep on the verandahs attached to these two wards. There is only 1 case of active tuberculosis at the present time.

We saw various handicrafts being carried on in the sewing room on the female side, and on the male side there was a class of 7 patients employed in book-binding and making coir mats and brushes in a room allotted for this purpose.

A certain amount of routine work is carried out in the laboratory, but the medical staff cannot possibly have sufficient time at their disposal for doing much work of this nature. Similarly, the important matter of the establishment of an out-patient clinic is one that must be dependent upon the appointment of an additional member to the medical staff.

Dr. Henderson, who accompanied us all day, has as his assistant, Dr. H. C. Aslett.

We were very satisfied with our visit.

#### LONDON COUNTY MENTAL HOSPITALS.—1. BANSTEAD

November 27th, 1934.

We have to-day completed the annual inspection of this institution on behalf of our Board, and are glad to report that it continues to be ably administered by Dr. Petrie, and the resources of the hospital extended and improved on modern lines.

Since January 1st this year there have been :—

			Male.	Female.	Male.	Female.	Total.
Admitted—Voluntary	...	...	22	18	187	191	378
Temporary	...	...	—	2			
Certified ...	...	...	165	171			
Departed—Voluntary	...	...	13	6	131	112	243
Discharged—Certified	...	...	109	94			
Transferred to other care	...	...	9	12			
Died—Voluntary	...	...	1	1	67	59	126
Temporary	...	...	—	1			
Certified	...	...	66	57			

There are now on the statutory books the names of 2,728 patients, in the proportion of 1,193 males to 1,535 females. Of these, 23 of each sex are on a voluntary footing, and 1 woman is a temporary patient.

There are now out on trial 27 males and 28 females, and boarded-out under Section 57 of the Lunacy Act, 1890, 5 males and 11 females. There are thus in residence to-day 1,161 men and 1,496 women, a total of 2,657 patients.

The accommodation as returned to us is for 1,220 patients by day and 1,188 by night on the male side, and 1,562 by day and 1,496 by night on the female side. There are only vacant beds for 27 men.

Private patients number 146 men and 26 women, of whom 123 men are "service" or "ex-service" patients.

Out-county patients number 7, 1 man and six women, chargeable to as many various authorities.

The weekly maintenance charge for the London patients is 22s. 9d. and that for the private patients from 22s. 9d. to 26s. 10d. The charge for "service" patients is 26s. 6d. As last ascertained, the weekly maintenance cost at this hospital was 23s. 3½d.

To the best of our belief we have given every patient in residence the opportunity of speaking with one or other of us and stating any grievance, or complaint. Apart from appeals for discharge, and these from patients not yet fit for it, we received no complaints from them as to their treatment. Generally, they were quiet and well behaved, and clean and tidy in their personal appearance.

Parole beyond the estate is given to 67 men, and within the grounds to 228 men. No parole is given to the women.

Three wards on each side are administered on the open-door principle, those on the male side being open to the grounds generally and those on the female side to the gardens of the respective wards.

As suggested by our colleagues last year, a beginning has been made towards allocating the underclothing to particular individuals by marking the articles with numbers allotted to them. Another experiment which seems well worth while extending, is the provision of movable wheeled racks on which clothes hangers are placed, which take all the articles of clothing taken off at night. These racks are wheeled out of the dormitories at night, and the bundles of day clothes are obviated.

The wards were tidy and well kept, and there was a good supply of papers, books and games. Since the last visit a talking cinematograph apparatus has been installed in the main hall.

The principal alterations and improvements completed this year include the extension of the nurses' home, the installation of the electric lighting, alterations to the general stores, and the provision of a flour hoist.

In the laundry, additional washing machinery has been installed. Whilst here, we noticed that the single roll calender in our opinion required further protection on the top, as explained to Dr. Petrie.

Works now in progress include the alteration to the main kitchen and replacement of the cooking plant. Considering the disorganization caused by the works in hand, great credit is due to the cook and her staff in being able to carry on with the preparation of the meals as they do. Yesterday the dinner was roast mutton, followed by milk pudding, and to-day boiled bacon. All the meat is cut up by a mechanical slicer in the kitchen.

A new carding machine is being installed in the mattress shop.

On visiting the farm buildings we noticed the modernization that is taking place there, and how the milking is done by machinery. Further improvements in the piggeries and fowl houses are contemplated.

The old nurses' home is being converted for the use of some 53 female patients.

We were very interested to see the progress made in occupational therapy, both in the wards and in the workrooms on both the male and female sides, and were pleased to hear that further progress is contemplated by increasing the workroom accommodation, and on the female side by making a door from the present workroom, which will allow the patients an exit to the ward garden, where they will be able to do their work in the fine weather. The patients showed us their work with pride, and some said how happy they were at it and how much they had benefited by it. The medical staff also told us about the good results that were being obtained by this form of treatment.

Since the last visit the viewing room at the mortuary has been improved by the addition of a small window and putting red glass in the other windows. It will look much nicer when it has been redecorated,

which, we understand, is under consideration. The post-mortem room is old in the type of its furniture, and requires to be brought up to date, which is also under consideration we were pleased to hear. The waiting room is nice, but the addition of a few vases with flowers on the table would, we are sure, be appreciated by the friends.

The general health of the patients since last visit has been very good. In the beginning of the year several patients were attacked with a mild form of influenza, which was practically confined to the female side. There have been 17 cases of erysipelas, with only 1 death. There have been only 1 case of enteric fever, and 1 of scarlet fever during the same period. At our visit there were 34 known cases of tuberculosis, but only 2 of these were in an active stage. Open-air treatment for this disease is actively carried out, with excellent results. The death rate for this disease for the year 1933 was 0·8 per 1,000 at this hospital, compared with 5·8 per 1,000 for all mental hospitals in England and Wales. At our visit there were 188 patients in bed, mainly for physical reasons. All these showed evidence of careful medical attention and skilful nursing.

The mortality rate for the year ending December 31st, 1933, was 5 per cent., which is well below that of 7·2 per cent., the average for all mental hospitals.

The number of deaths since last visit was 133, and in 109 post-mortem examinations were made, and in only 7 cases were bed sores noted.

The main causes of death were heart disease 58, bronchitis 16, general paralysis 10, organic brain disease 10, and cancer 8.

Since last visit 2 inquests have been held, the particulars of which have been reported to our Board.

During the same time, 17 cases of fractures have occurred amongst the patients, all of which were accidentally caused. This small number in such a large community is evidence of the care and attention the patients receive from the staff.

The present nursing staff consists of:—							Male.	Female.	Total.
Charge	...	...	...	...	...	...	38	50	88
Ordinary	...	...	...	...	...	...	134	147	281
Night	...	...	...	...	...	...	22	30	52
<i>Of the above:</i>									
Women on male side	...	...	...	...	...	...	—	4	4
Certificated or registered	...	...	...	...	...	...	159	98	257
Passed preliminary examination only	...	...	...	...	...	...	19	58	77

We visited the nurses' home and saw the extensions there, which will now give accommodation for some 200 nurses. The new rooms are being equipped and furnished, and afford very comfortable accommodation. The new accommodation for nurses on the sick list is very nice. There are 5 single and 1 double-bedded rooms, which are most comfortable. These rooms are well isolated, and the group is self-contained with its new sanitary annexe.

The social worker attached to this hospital has been found to be a most useful adjunct. She is able to get histories of patients and their families which would otherwise be very difficult to procure. She gets into touch with relatives and so prepares them for a patient's return home or on leave. She also keeps an eye on discharged patients at their own houses, or assists the Medical Superintendent in finding suitable homes for those on discharge who have no relatives. Her work is invaluable in many other ways, all of which benefit the patient.

Dr. Petrie has the assistance of Dr. J. B. S. Lewis, as Deputy Superintendent, and 7 other medical officers.

#### LONDON COUNTY MENTAL HOSPITALS.—2. BEXLEY.

October 5th, 1934.

This hospital is in all respects well maintained. We found the wards in excellent order. It appears to be admirably administered, and the patients are evidently in receipt of kindly attention and care.

Apart from some requests for discharge, which call for no action, we received nothing in the way of a complaint, and were struck by the absence of anything in the nature of excitement or unrest amongst the patients, even in those wards set aside for the more acute types of disorder.

We were very pleased to find that very considerable attention is being given to the employment and occupation of the patients. The workshops, which we visited in the course of our inspection, are in full use, and numbers of the patients are engaged in the needleroom and laundry and other centres of industry.

We also saw the Occupation Mistress giving instruction to a class of women in various types of handicraft, and on the male side saw numbers being instructed in a similar manner, but an occupation officer has not yet been appointed on this side, though it is hoped that very shortly an appointment will be made. Dr. Clarke is keenly interested in this form of treatment and fully recognizes how important a factor it is to the well-being and general contentment of those under his care. In this matter, we understand that he has the whole-hearted support of his Committee and he looks forward to the time when it will be the exception to find any wards where those who are at all capable are not engaged in some kind of occupation.

There is an ample supply of books and papers. The patients are well clothed and the privilege of parole is very freely granted to those who are at all eligible for it.

The electric supply is now obtained from public sources, and wireless fittings have been supplied in almost all the wards.

When we commenced our visit yesterday there were on the books of the hospital 1,120 males and 1,162 females, including 20 voluntary patients, 10 of each sex, and 1 temporary female patient.

There is a deficiency by day to the extent of 102 patients.

The weekly maintenance charge for home patients is 22s. 9d., and for private patients from 22s. 9d. to 26s. 10d.

The staff consists of:—

Charge nurses—32 males, 44 females, ordinary nurses—116 males, 150 females, for day; and for night duty 21 males and 29 females.

On the male side, 9 female nurses are employed.

The mortality rate for the year ending December 31st, 1933, was 5·4 per cent., which is well below the average of 7·2 per cent. for all mental hospitals in England and Wales.

The general health of the patients since the last visit has been very good. We were pleased to note that there have been no cases of enteric fever, but there have been 5 cases of dysentery, 4 on the male side and 1 on the female; the latter was on the sick list at the time of our visit but the infective source cannot be traced. This is the only case of this disease on the female side for over 5 years. We were satisfied that active steps are being taken to prevent the spread of the disease.

Since the last visit there have been 101 deaths, and in 74 cases post-mortem examinations have been held. The principal causes of death have been heart disease 19, pneumonia 15, tuberculosis 11, general paralysis 8, and cancer 9.

One inquest has been held in which the verdict was death by misadventure, the particulars of which have been reported to our Board.

During the period under review the serious but non-fatal casualties number 22, 19 of which were fractures and 3 of wounds, 1 of which was self-inflicted. In only 3 cases was the injury caused by another patient; this small number reflects credit to the care and attention the patients received from the nursing staff. The other cases were accidental in character and mainly due to falls.

The number of patients in bed, 68 males and 56 females, mainly for mental reasons, was small considering the total residents.

These cases showed evidence of very careful nursing and medical attention.

LONDON COUNTY MENTAL HOSPITALS.—3. CANE HILL.

*November 30th, 1934.*

During the past two days we have paid the annual visit of our Board to this mental hospital, and we have observed with interest the many activities which are being carried on in endeavours to modernize the institution as a whole. Much has been done, but a great deal remains to be carried out, and we trust that the most urgent matters, such as the reconstruction of the sanitary annexes, the installation of electric light, and the redecoration of the whole hospital, will be expedited as much as possible.

We believe we have seen all the patients in residence, and we have spoken to many of them. We gave 3 private interviews. The patients were, on the whole, quiet and well-behaved, and appeared contented. The chief complaints made were on the score of detention, but those making these were not, in our opinion, fit for discharge.

There are in residence to-day 2,167 patients—864 men and 1,303 women. With the exception of 13 men and 5 women who are voluntary patients, all are detained under certificates. Eighty-six men (80 of whom are in the service or ex-service class) and 26 women are here as private patients. In addition to these numbers, 9 men and 7 women are out on long leave or on trial. The number of patients on the statutory books is, therefore, 2,183.

We are glad to observe that of the patients allowed out on long leave or on trial during the year 1933, 60 were granted money allowances.

Upon the figures submitted to us there is a deficiency of accommodation by day for 21 males and 20 females, and by night for 16 males and 20 females.

The weekly maintenance charge per head for rate-aided patients is 22s. 9d., and for private patients from 22s. 9d. to 26s. 10d. The average weekly maintenance cost is 24s. 1d.

Female patients are not granted parole, but 2 men have this privilege beyond the estate and 101 the more restricted estate parole. Two wards and 1 villa on each side are administered upon the open-door principle, either to the ward gardens or grounds.

The wards were neat and tidy, but the majority, as has already been stated, are overdue for redecoration. We were glad to observe that many had recently been furnished with wireless. The sanitary spaces in a number of cases have been completely reconstructed, and we are glad to understand that the remainder will be similarly modernized during the coming year. Although the preliminary work for changing from gas to electric light is now in hand, it will be a considerable time before the work is completed.

There is a noticeable lack of storeroom accommodation throughout the hospital. Further clinical rooms are also needed. We hope these matters will not be lost sight of on the female side, when the rooms now used as sleeping quarters for the nursing staff become vacant upon the putting into use of the new nurses' home.

In the dormitories the bed linen still continues to be a bad colour and has apparently to be rough dried at present. It is to be hoped that when the reconstruction of the laundry is completed there will be a great improvement in the appearance of sheets and pillow cases.

We hope that some further bed tables will be provided in the infirmary wards.

We found that out of 4 ward gardens on the male side, only 2 were in use, and we discussed this question with Dr. Lilly. We appreciate the

difficulties of all the garden being in use at present but consider that the numbers exercising in the gardens are too large. The draining of the water from these gardens requires immediate attention.

The hospital is without a talking film apparatus, but we understand the installation of one is at present under consideration.

Since last visit a large room has been made into a nurses' dining room. It is admirably suited for its purpose and is both light and airy and, perhaps, most important of all, cheerful in appearance. The nurses' home has now been completed, and we visited all parts of it. It will provide accommodation for 84 nurses, and has been built with great economy of space. It is noteworthy that the bedrooms are not more than 76 square feet in area.

We paid a good deal of attention to the clothing worn by the female patients. Out-door coats have been introduced for a number of the better patients, but for the majority, shawls are still provided. The undergarments are very old-fashioned, and are perhaps allowed to last longer than their condition warrants. We were glad to find that the Matron is most anxious to improve the garments worn by the women patients, and we understand that steps have already been taken with this end in view.

Very satisfactory progress has been made during the past year with regard to occupation therapy. This is particularly noticeable on the male side. We congratulate Dr. Lilly on the excellent progress made and we look forward to great expansion of this important work in the future.

The present staff of nurses is as follows :—

							Male.	Female.	Total.
Charges	...	...	...	...	...	...	30	44	74
Ordinary	...	...	...	...	...	...	112	160	272
Night	...	...	...	...	...	...	17	25	42

One hundred and thirty-three men and 106 women are certificated or registered as mental nurses, and 17 men and 66 women have passed the preliminary examination.

The mortality rate for this hospital for 1933 was 7·4 per cent., and since last visit, which was made on the 20th October, 1933, there have been 176 deaths, post-mortem examinations being held in 68 per cent. of these deaths. Heart disease, as might be expected, was the chief cause, accounting for 75 deaths. General paralysis caused 16 deaths, and pneumonia 14. Malignant new growth of various organs caused 11 deaths. A suicide by hanging occurred within the hospital, and a patient who was out on trial died from a self-inflicted wound of the throat. The details of the former case were reported to our Board. An inquest was held, and the verdict exonerated the staff from blame in the matter.

It is pleasing to learn that the hospital has been entirely free from dysentery and zymotic disease. A doubtful case of paratyphoid is under treatment at present, but no other known case has occurred within the period under review.

Nineteen serious but non-fatal accidents have occurred. All save 5 of these were purely accidental in character; 2 were sustained in violent struggles with the staff, and 3 were caused by the violence of other patients.

The patients in bed during our visit were receiving excellent medical and nursing care. The services of a consultant staff are available. Provision is made for light therapy, and also for malarial treatment. Frequent X-ray examinations are made, the necessary apparatus being brought to the hospital as occasion demands.

We find that only 1 temporary patient has been admitted to this hospital since the last visit, and are disappointed to find so little use being made of the Mental Treatment Act of 1930. Our enquiry into

cases received during the past two months satisfies us that certification might have been avoided in more than 10 per cent. of these admissions.

Our thanks are due to Dr. Lilly and his staff for their helpfulness during our visit.

LONDON COUNTY MENTAL HOSPITALS.—4. CLAYBURY.

*April 19th and 20th, 1934.*

We spent the whole of yesterday and the preceding day in this hospital and are glad to record the pleasure with which we saw the care taken to promote the health of the patients, to interest them, and to keep their surroundings orderly and bright.

We were interested in the well-kept ward gardens, in the number and use of them in such a way as to maintain, out of doors as well as indoors, the excellent classification of patients upon which our colleagues remarked last year. The needleroom, too, was attractive in appearance; here, from 70 to 80 women patients employ themselves.

With additions and improvements which have been made from time to time, the hospital can claim to be well provided in the way of medical equipment. For instance, there is an operating room. A useful change has been the conversion of the former massage room into a small clinical room in which visiting physicians and surgeons can see the patients when necessary.

The arrangements for dental care are very thorough. There is a dental room, with a cut-off part of the corridor to serve as a waiting-room. Exit from the dental room is through a small but conveniently equipped room for mouth rinsing, a plan which seems to us to be unusually good. Part of the case record consists of a dental form, on which the doctor in charge of the newly admitted patients notes his request for dental treatment, and on which there is also a diagram upon which actual work done is recorded by the dentist, a method which keeps information as to dental treatment separate and clear, and avoids the necessity of having to hunt for it in a series of clinical notes. Tooth brushes in nearly all the wards are carefully kept in wooden racks, and little bowls, labelled and fitted in rows in wooden frames, are used for dentures.

Part of the old laboratory has been set aside for massage. Hereby are facilities also for electrical treatment, and for ultra-violet radiation by carbon arc and mercury vapour lamps, all being used, under medical supervision, by the masseuse.

Continuous baths are available in several parts of the hospital. Considerable reliance is placed in their efficiency and they are frequently employed. The apparatus is said to be working satisfactorily. Clinical rooms are generally available in the wards. Verandahs, of which full use is made, adjoin all the sick nursing wards except A1.

We very much hope that a favourable opportunity will early present itself when consideration may be given to rendering these medical facilities still more complete by the provision of an X-ray installation. We realize that much can be done with a portable apparatus, but we feel that a hospital of the magnitude of Claybury needs an installation of its own on the spot to bring this side of its work in keeping with the rest.

Among the improvements since last visit is the provision of new potato steamers in the kitchen and of a new telephone switchboard.

In the laundry, we think (as our colleagues did last year) that a new calender and one of the modern methods of heating irons to replace the present method of heating on stoves, would add to the ease of the work and to its quality, and would be of benefit to patients and staff. We saw the new washer for fouled clothing, with automatic reversing gear, at work, and evidently proving to be of real value.

The wards were well provided with books and many were in use. Both in the wards and in the central library, where one of us had an oppor-

tunity of discussing the needs of the patients with the librarian, a number of books were noticeably in need of repair. Some of this work has been carried out, but has recently ceased owing to the illness of the patient whose work it was. If it were possible to set up not only book-repair but book-binding, possibly in one of the workshops or in connection with the occupation department, readers all over the hospital would benefit. Book-binding is an occupation which elsewhere has been useful in employing the patient who likes a quiet piece of work of a useful and not altogether mechanical kind.

We agree with the remarks made by our colleagues last year as to the variety of the outer clothing of the patients. The cut of the necks of some of the underclothing of the women, which does so much towards neatness in wear, as well as the good quality of men's underwear, were pleasant to note. We think, however, that without difficulty or expense, some further improvements might be carried out. Greater ranges of size in underwear and nightwear for both sexes, the provision of simple garments in light material for those who do not want to wear the old-fashioned calico and flannel petticoats, and in general a closer approximation to the type of underclothing worn by patients in their own homes, would be of general advantage. We would suggest, too, that several colours of socks should be available for the men. At present the socks supplied are white, a fashion which, except in the sports field, seems to us likely to impress upon the patient the suggestion that he is not as his fellows in the outside world. The grey and fawn stockings of the female patients, on the other hand, are admirable, from this point of view.

Physical drill classes are held for between 50 and 60 male patients, divided into 3 classes, each of which meets 5 times a week for an hour. The drill is carried out in light suitable costume, to good music; after the classes the patients who have been taking part have spray baths. To all of these points we attach importance. We feel sure the drill is bound to benefit those who undertake it. Classes for callisthenics and dancing are held on the women's side, and we were interested to see a maypole in one of the wards, and to hear that dancing, with its bright ribbons, had been found to stimulate the interest of otherwise apathetic patients.

We visited the occupation room, where rug making, embroidery, wood-painting, weaving, leather work and stool seating are carried out. In addition to patients working in the room, there are others at work in the wards. This work is done by the occupation instructress and the nurses who work with her, in co-operation with the doctors, who select the patients for treatment. It is the object of occupation therapy, as here undertaken, to interest and gradually to draw into attractive employment patients who would otherwise do nothing useful, to train them in habits of work and social co-operation, and to pass them on to the laundry, needleroom or other department where they will have employment which will help the hospital on one hand and prepare the patients on the other hand, so far as possible, for the ordinary conditions of life. We were particularly pleased to hear of this definite attitude.

The number of patients in residence to-day is 2,376. Of these, 993 are men (41 voluntary and 952 certified patients), and 1,383 are women (31 voluntary and 1,352 certified patients). There are no temporary patients.

The admissions during 1933 were as follows :—

							Male.	Female.	Total.
Voluntary	...	...	...	...	...	...	11	21	32
Temporary	...	...	...	...	...	...	—	2	2
Certified	...	...	...	...	...	...	138	169	307
Total							149	192	341

Sixteen patients, 8 of each sex, are at present out on trial, while 16 men and 11 women have parole beyond the estate, and 161 men and 10 women have parole within it.

Four wards on the female side and 3 on the male side are administered on the open-door principle in so far as free access to the ward gardens is permitted to them. One ward and the "farm cottage" on the male side have free access to the grounds.

The mortality rate per cent. for the year 1933 was the low one of 5.5. Deaths since the last visit by our colleagues have been 63 in number, all from natural causes. In 62 per cent. they were followed by post-mortem examination. There is nothing specially noteworthy among the causes of death.

The number due to tuberculosis happened to be small. Examined for the whole of 1933, the proportion per 1,000 patients resident was 7.1 as compared with 6.1 for the whole country. There are at present under treatment for tuberculosis, 11 male and 5 female patients. All these patients are regarded as having active disease; there are others whose illness has been recognized but is at present quiescent. It is obvious, therefore, that the figures regarding tuberculosis—men, deaths since last visit, 1; now under treatment, 11; women, deaths since last visit, 4; now under treatment, 5—do not represent as they might at first sight, any failure in diagnosis or treatment.

Casualties since last visit include 5 fractures, all of which, except 1 caused in a quarrel between patients, were due to accidental falls.

Three cases of scarlet fever, 3 of pneumonia and 2 of erysipelas, make a total of zymotic diseases since last visit, which gives no cause for anxiety. One member of the female nursing staff had paratyphoid fever in February, the source of the infection being unknown.

In addition to these, there has been 1 case of typhoid fever, in a female patient from ward G1. When she became ill she was sent to ward K4, and very shortly afterwards transferred to the hospital. Two patients, who have since had slight pyrexia in ward G1, have developed no further symptoms and are not regarded as suffering from enteric, and it is hoped that there will be no more cases.

In this connection, we were particularly interested to hear of the work done in the laboratory under Dr. S. W. Hardwicke, on enteric carriers. The use of a glycerine saline medium, with delayed plating, has resulted in a very much more frequent detection of carriers than has hitherto been possible. We hope that this work, which will shortly be published, will be of material use in reducing the incidence of enteric fever by the weapon it provides against unrecognized carrier transmission.

Other work which is being done in the laboratory by various members of the staff includes attempts to assess the effect of certain drugs given before or after admission by examination of the blood, and to use other forms of blood examination as a guide to the physiological reality or otherwise of an apparent improvement in the condition of the patient under consideration for discharge. All this work has a direct relationship to the health and treatment of the patients now in the hospital. In addition, a large amount of work of a necessary routine kind is undertaken. The new laboratory is found to be convenient and useful.

We perused a considerable number of the medical records, both clinical and those made post-mortem, and should like to pay a tribute not only to the painstaking way in which they and the several registers are kept, but to the high standard of medical work which they reveal. It was satisfactory, too, to discover, as part of the clinical records, the systematic way in which personal and family histories are recorded—in our opinion always a very important part of the study of every case. Some of the case records contain useful accounts of personal history and family circumstances taken by a social worker elsewhere and sent with the patient on admission.

We found 68 men and 114 women under treatment in bed ; that is 7 per cent. and 8 per cent. respectively of each sex. They appeared to us to be carefully nursed, and it was pleasant to see the provision everywhere of two mattresses for those unable to have bedsteads.

The total staff of nurses is 422, of whom 185 are males and 237 females. Just over 80 per cent. of the male nurses and 60 per cent. of the female nurses are certificated or registered as mental nurses. We saw the lecture theatre, in which part of the teaching is done, and the useful jointed dolls for practical teaching.

Plans are before our Board for the provision for male patients of an admission and convalescent unit corresponding in scope and function to Forest House, which was erected a few years ago for women. We took the opportunity of visiting the site proposed for it. Although pleasantly secluded it is easy of access, and impressed us favourably.

As medical colleagues, Dr. Barham has to assist him, Dr. G. F. Peters as Deputy Superintendent, Dr. W. J. Lascelles, as First Assistant, 2 Second Assistants, and 4 other medical officers. We were pleased to notice that all these gentlemen (with one exception) possess a diploma in Psychological Medicine. From what, as mentioned above, we saw of the medical records, and from the manifest activity of the medical work, it seemed to us that the time of these officers must be well employed. Three of them do not reside within the hospital estate ; but, of these, 2 live quite close thereto.

There are also 7 or 8 visiting specialists who are members of honorary staff of the London Hospital. Several of them visit regularly, the others being called in as occasion arises. It is particularly pleasant to note this live touch with a medical school. It cannot fail to be of mutual benefit. We would like to think that this reciprocity some day may be increased, and that the experience and skill of all the senior members of the mental hospital staff may be available for out-patient treatment of mental illness. As an aid to effectiveness of treatment, especially in the sphere of psychotherapy, we have in mind, particularly in the case of voluntary patients, the advantage that is bound to accrue from the patients having got to know the mental hospital physician first in the out-patient department of a general hospital.

#### LONDON COUNTY MENTAL HOSPITALS.—5. COLNEY HATCH.

*July 12th and 13th, 1934.*

Our visit to this large hospital, which occupied the whole of yesterday and the day before, has been of great interest to us, and we have been impressed by the care and forethought which is evidently expended for the purposes of promoting the comfort and general welfare of the patients.

There are at present on the statutory books of the hospital the names of 2,624 patients, in the proportion of 1,119 men to 1,505 women. One woman is now on trial, leaving 2,623 patients in residence. There are 11 men and 33 women in residence as private patients, while service or ex-service patients number 72.

During the year 1933, 7 men and 13 women were admitted as voluntary patients, and during the same period 4 men and 12 women in this category departed or were discharged ; only 2 of these latter numbers (both women) are shown as recovered. The admissions up to date this year in the voluntary grade, comprise 4 men and 7 women, while discharged or departed in the same category number 13 (7 men and 6 women), none of whom is shown as recovered. Only 1 patient has been admitted to this hospital on a temporary basis since January 1st, 1933.

From the statistical returns furnished to us we note that there is overcrowding to the extent of 79 patients by night on the male side, while there are 6 vacant beds for women.

Since the last visit the installation of electric light, heat, and power has been completed, and a large number of minor additions and improvements carried out in various departments of the hospital. Practically the whole of the female side has recently been redecorated in bright and pleasing colours, and the male side is now being taken in hand. For this latter purpose the services of a group of male patients, under a skilled foreman, are being utilized, in addition to the usual staff decorators of the hospital; these patients appeared to be enjoying and taking a great interest in their work.

The day rooms, dormitories and galleries were in good order, and the arrangements for the indoor recreations and amusements of the patients appeared satisfactory. The hospital houses a large number of patients of foreign nationality and we therefore inquired into the reading matter provided for their benefit. We found that French and German, newspapers were supplied, but no books in any other language than English. Perhaps the Committee would consider whether arrangements could be made to enable patients to be supplied with suitable books in their own language.

The ward gardens were in good order, but we noticed an absence of flowers in those belonging to the female side, other than the villas. We thought, also, that the light to infirmary 4 and ward 23 on this side was unnecessarily obstructed by trees.

We were well satisfied with the dress of the patients, the women's clothing being varied in material and design and the men's well cut and of good quality. We were glad to see that coat hangers were to be found in many of the male cloak rooms, and venture to suggest that the supply of these fitments should be extended to the women's side. Visiting several of the wards at meal time, we noticed the crumpled aspect of many of the table cloths, and were informed that this was due to lack of calendering facilities. Having regard to the very large number of articles which the laundry of this institution has to deal with, there can be no doubt that a second multiple roller calender would be of the greatest benefit.

We spoke with many of the patients and went carefully into a number of appeals for discharge that were made to us. We satisfied ourselves that none of the cases in question were fit at the present time to be out in the world, and that close attention is paid to improving cases with a view to their discharge as soon as that action can be taken with safety to the patient and the public. Generally, the patients appeared well cared for and well nourished.

A visit was paid to the farm where we were very much interested to note that an electrical milking plant had been installed. Great efforts are made to ensure a supply of clean milk to the hospital, but we think that the provision of up-to-date sterilizing apparatus, with which could be combined a supply of hot water to the lavatory basins used by the farm workers, would be of great assistance in this respect.

With regard to the suggestions made by our colleagues in the last entry, we were glad to hear arrangements were in hand to provide lockers in the wards occupied by the better conducted patients, and that the supply of bed jackets had been increased as suggested. Physical training has been instituted in the boys' villa, and we saw an excellent exhibition of it there conducted by a post-encephalitic patient with the aid of a member of the staff. Physical training classes for women are under consideration.

We were greatly interested in the occupation therapy class for female patients, and also in the work being done in the boys' villa, and sincerely hope that nothing will be allowed to interfere with the development of this rational treatment throughout the hospital.

Dr. Brander has problems peculiarly his own in applying the benefits of occupational treatment to his patients of mixed social origin and

religious persuasions, but in spite of this, is making headway ; his efforts call for every support that can be given to him. In this connection three salient features appear to us worthy of consideration.

1. *The attitude of the staff.*—We could not help being struck by the large number of unemployed chronic patients of both sexes, and with the answer, “they are incapable of doing anything,” given to us by the charge nurses of many of the wards of which these patients were inmates. Such an answer can only mean that the nurses in question do not realize what can and is being done elsewhere, to occupy and train such patients. The nursing staff must realize that it is as much their duty to persevere with this form of treatment, under the direction of the medical officers, as it is to carry out any other directions.

2. *Training of staff.*—Though we found Miss Pickering to be carrying out her duties in a very excellent manner, we felt that much useful opportunity for training the nurses was being wasted owing to the system of frequently sending different nurses from the wards with the patients attending classes. We venture to suggest the desirability of making definite staff allocations to the Occupation Officer for training, even though it may entail a slight increase in the total number of staff. We should also like to hear that her efforts have been extended to the male side.

3. *Industrial shops.*—These, and the out-door occupations, are the only means of applying occupational treatment to male patients at present, although mention must be made of Dr. Brander’s attempt to meet this deficiency by daily organized walking parties in the grounds.

It is, therefore, with regret that we have to record the shutting down of three industries which formerly occupied a number of patients—the brush shop, mat shop and basketry. While fully realizing the necessity for economy, we cannot but feel this action, which we understand to be due to centralization of industries, is greatly to the detriment of the patients, resulting as it does in the number of employable patients being rendered unemployed, and in the prevention of expansion of occupational treatment at the hospital.

During our visit we paid particular attention to the nursing of the sick, and found them well cared for and efficiently nursed. We received many expressions of gratitude from patients able to realize the benefits derived.

We discussed with Dr. Brander the question of bed tables for the chronic bedridden—they are supplied in the hospital wards—and he will give the matter his consideration. Bed jackets for the same class of patients are now available.

We satisfied ourselves that all sanitary annexes are effectively cleansed daily, and that the treatment of foul and infected linen, etc., is satisfactory.

The mortality rate for the year ending December 31st, 1933, was 5·2 per cent. for male and 6·6 per cent. for female patients, which compare very well with the general averages for all mental hospitals, particularly in respect to the males.

During the period under discussion—a matter of 18 months—63 males and 100 females have died, the cause of death being verified by autopsy in 78 instances—a low proportion explained by the predominant religious persuasions and mixed nationality of the population.

Five instances of bed sores present at death are recorded. Three of these were noted on admission, and the other 2 in circumstances which do not reflect discredit on the nursing staff.

Amongst the causes of death are 17 from tuberculosis and 35 from pneumonia, the latter occurring chiefly as a complication of influenza which was prevalent in the spring of this year and last. The only other cause of death which has bulked largely in the returns is heart disease (43), in which is included all those involutional cardiovascular conditions

concomitant with old age. There is a large senile population; the average age is over 60.

Three inquests have been held on account of recent accidents, only 1 of which was found attributable and in none was any blame cast on the hospital.

Twenty-two female and 7 male patients are returned as having sustained serious but non-fatal fractures during the past 18 months; 9 were due to impulsive acts, and the remainder accidental and unavoidable.

Apart from influenza and accompanying pneumonia, erysipelas (7 cases) is the only recorded infectious disease occurring during the period under review, and there was no case of infectious disease under treatment during our visit.

Thirty-seven patients (7 male and 30 female) are afflicted with active tuberculosis. The arrangements for their nursing care on verandahs is quite satisfactory. There are also two of each sex of the nursing staff suffering from this disease.

Dr. Brander has the assistance of Dr. D. R. Alexander as deputy superintendent, and Drs. E. F. Hewlitt, J. F. MacMahon, I. Frost, C. E. Allen, F. L. McLaughlin and S. G. James as medical officers. Mrs. A. M. Blythe, formerly assistant matron at Claybury Mental Hospital, took up her duties as Matron of this hospital recently.

#### LONDON COUNTY MENTAL HOSPITALS.—6. EWELL.

*November 26th, 1934.*

The work of the first stage in the enlargement of this hospital has been commenced. This includes the erection of three villas (144 patients—male 87 and female 57), alterations to the administrative offices, laundry and kitchen, additions to the nurses' home and medical officers' quarters, and houses for the Inspector and the Deputy Medical Superintendent. There is contemplated in the later stage an extension to accommodate in separate villas a further 360 male patients.

The villas in use are excellent in type and accommodating, as they do, some 40 patients in each, constitute groups where individual attention is possible and a homely atmosphere can be cultivated for their personal and mental comfort.

We are informed that a little progress is being made in the use of occupational therapy, but we were impressed by the thought particularly as to the patients in Beech Villa that a vigorous policy in treatment by occupation and training would improve the behaviour and general aspect of the type of patient here under care.

The nurses, one and all, need instruction in this, and they would, we hazard, readily respond to training under a competent officer supported and directed by the medical staff.

This further step towards the effective treatment of patients would, we believe, enhance the pleasantness of this very attractive hospital.

The number of patients in residence to-day is 432, of whom 101 are men and 331 women; the voluntary patients included in these numbers are 26 and 55, a total of 81. Two female patients are out on trial. There were to-day 3 men and 2 women on week-end leave.

The total accommodation is for 104 men and 373 women by day, and 100 and 329 by night.

The numbers of patients allowed on parole beyond the estate are 70 males and 13 females, whilst 10 males and 54 females are allowed this privilege within the grounds.

The weekly maintenance charge is 22s. 9d. for home patients and 22s. 9d. to 26s. 10d. for private patients.

The present staff of nurses consists of 25 men and 72 women, including 7 charge nurses on the male side and 16 on the female side.

The mortality rate for 1933 was 4.9 per cent. Fourteen males and

3 females have died since the last visit. Post-mortem examinations were held in 10 instances; in no case was it found necessary to hold an inquest.

There has been an entire absence of epidemic or zymotic disease.

Serious but not fatal injuries occurred in 2 instances, and in both cases the cause was accident. One patient slipped and fractured a bone; the other fell while away on leave, sustaining a cut head, which necessitated in-patient treatment for a week at St. Alfege's Hospital.

Dr. Wootton, the Medical Superintendent, is assisted by Drs. Armstrong and Galbraith.

#### LONDON COUNTY MENTAL HOSPITALS.—7. HANWELL.

*December, 1934.*

We spent the 10th and 11th visiting all the wards and villas and most other parts of the hospital, and one of us returned on the morning of the 12th to see again and to collect some particulars concerning certain of the newly admitted patients. Throughout our tour of the institution we found much evidence of care for the treatment and welfare of the patients, and continued efforts to improve and to modernize this more than a century old hospital.

At the time of our visit the number of patients whose names were on the books was 2,557, of whom 189 (including 135 service and ex-service cases) were classed as private patients. Of these, 24 were absent on leave on trial, and 1 was boarded out (under Section 57), leaving in residence 1,134 men and 1,398 women, a total of 2,532. Related to the recognized accommodation, while these numbers leave excess for both sexes by day, a deficiency of 54 for men by night is shown. Since last visit, 14 old staff rooms have been converted for the use of 22 patients, and staff rooms in three male wards have been adapted for 8 patients.

Speaking generally, where there is no spare bed space, the yearly number of admissions is governed by the yearly number of deaths and discharges. By way of indicating the volume of medical work which the hospital is called upon to undertake, it may be mentioned that during 1933, the number of newly admitted patients was close upon 500 and, from the figures before us, there would have been about the same this year but for the fact that during the last two months the admission of women has been stopped in order to enable a ward on the female side to be closed for reconstruction.

The wards generally were well kept and at a comfortable temperature. It was pleasant to note that in a considerable number of day rooms and in some of the nursing dormitories, open fires were burning. The heating services in various male wards have recently been improved, also at the cottage which accommodates 17 men and has its own plant. In F3 one or two of the single rooms were hot and rather stuffy, one of them so much so as to suggest the need of structural alteration.

In certain wards (e.g., F7) some of the patients in bed were in single rooms with the shutters closed. It is a practice which hitherto in most mental hospitals has been regarded as unavoidable, and no doubt in certain cases the exclusion of light, as well as the rest in bed, is salutary; but, in considering the cases of those patients in which the closing of the shutters was solely protective, we could not help feeling—the thought probably being accentuated by the structural difficulties of some parts of this hospital—that here, perhaps, was a good opportunity to try, as we are glad to know is under consideration in some quarters, the use in the panes of “unbreakable” glass.

A number of the wards and some of the corridors have been renovated and repainted. These are looking particularly nice; unavoidably, they offer a somewhat severe contrast to other parts (including the recreation hall) in need of similar attention, and we could not help thinking that

the extent of arrears, doubtless due to wise delay pending the completion of the installation of electric light, is sufficient to warrant a considerable speeding up of the programme of redecoration. Noticing the scratched condition of the wall-paint in a number of single rooms (due to the destructive habits of certain patients), we suggested that these little damages always should be made good at once instead of waiting until the turn of the ward in question for redecoration. The refusal to allow such eyesores (for that is what they become) to remain, we are sure has a valuable reaction upon the habits of such patients, and tends to stop imitation by others. The floor of ward 7 is about to be renewed; we considered whether, when this is put in hand, anything could be done to improve and to brighten the dark part near the ward's entrance. We thought some of the verandah roofs in need of more vigorous cleaning (e.g., M7 sick ward); all the more worth while now that blinds are used for them in the summer instead of paint.

Many of the radiator wire-guards in the wards have been wisely covered over at the top with a slab either of slate or wood; but there are a considerable number not yet so treated; when this is done, which we hope will be soon, may be it will be found possible, if the slab is wide enough, to dispense with the wire-guard itself in certain wards—perhaps, for example, in M18 and 19. We noticed one outside iron staircase (ward 21, and there may be more) which, if fitted with electric light, would be made certainly more safe in case of their use in an emergency by night. In a number of the dormitories, boards have been fitted across the lower part of the window frame. This is a long-standing arrangement and we know its intended advantages, partly to screen patients from draught when the lower sash is open; but it seemed to us that, for ease of dusting, etc., some device is needed to enable the staff temporarily to detach them. In a number of rooms the windows are without blinds. In day rooms we think this tends to detract considerably from the cheerfulness of a ward's appearance in the evening, and in the dormitories, especially in the end spring, summer and early autumn months, so much light in the early morning may be very disturbing. In the ward gardens a good deal of tree lopping has been overtaken, with excellent effect upon the gardens themselves and in the adjoining wards.

The admission hospital is bright and attractive. It is of interest to note that while within the unit there is the usual and complete separation of the sexes, with respect to its gardens there are no walls or hedges to separate them. These gardens, used by men and women respectively, are designed so that each is partly out of sight of the other, and a piece of ground, which is not regularly used by patients at all, lies between the two gardens. There is a common room in the hospital for the use of selected men and women patients in the evenings. The simplicity and informality of these arrangements are very pleasant and must help to diminish the inevitable strangeness of institution life as compared with life at home. It will be interesting to hear how they work out in practice over a long period. The gardens of this unit have been improved by the provision of a tennis court with netting around it, and of facilities for sheltered sun bathing. We thought that without encroaching on the main grass plots, there is room for planting some more flowering shrubs and trees of the "weeping" and other ornamental kinds. Within the unit, wireless has been provided.

The bathroom used by female patients has been improved by new flooring. One of us saw this bathroom in use. The plain light curtains separating the baths give a pleasant effect. The arrangements as in use were satisfactory; patients who were seen spoke with pleasure and evidently enjoyed the baths.

Another improvement, since last visit, made possible by the introduction of electric current, is the completion of the cinema installation for sound films. We understand that this is much appreciated. Some

of the wards were visited by us after dark, which enabled us to see them illuminated by electric light; the lamps have been spaced judiciously, and the effect struck us as good.

The kitchen has been modernized and equipped with new plant. The addition includes a flat for the cook and a wash place for kitchen workers. The appearance is good, and the value of this improvement to the whole hospital must be great.

We saw various meals served in the course of our visit, and tasted some of the dishes, including well cooked meat pie, potato and cabbage. In all but a few wards, tea is made in teapots and not supplied from the kitchen urns and boilers. We understand that fruit is supplied to the amount of  $\frac{1}{2}$  lb. apples, pears, plums or bananas per head weekly, and that salad is given for tea, in season. In other hospitals where the experiment has been tried, the sale of oranges and spring onions has proved most popular in the canteen; any means whereby patients can be encouraged to consume fresh fruit, in addition to that supplied to them, is of value.

Supper consisting of half-a-pint of coffee or cocoa, and 3 ounces of cake, is given as a supper ration to those who sit up after the general hour for going to bed. Of this, we were very glad to know; but it seemed to us that it ought not to be difficult to put more variety into this meal; and, having regard to the size of this hospital, the number of patients thus sitting up struck us as very small. We imagine that there must be at least 200 on each side suitable for this privilege and desirous of availing themselves of it.

From the returns furnished yearly to our Board only 13 per cent. of the patients attend Divine Service, and only 20 per cent. the weekly entertainments. These are very low compared with 27 per cent. and 36 per cent., which are the corresponding average ones for England and Wales. When inquiring into the amount of time spent out of doors in the ward gardens, we were sorry to learn that on visiting afternoons—that is, twice a week—exercise in these gardens is suspended; this seems to us unfortunate, and we wondered whether this loss of time which might have been spent in the open air could be regained by some adjustment of staff arrangements.

We saw ordinary and new types of clothing for both sexes. The new clothing is varied and some of the suits, frocks and overalls are very attractive. The underclothing of the newer kinds, and the night dresses, show a reasonable approximation to clothing worn outside institutions. The same cannot be said of the blue cotton stockings worn by some of the women; still more unusual are the white socks for men. We should much like to see these given up in favour of black, brown, grey, etc. By the general public white socks are worn almost exclusively for games or seaside holidays. It seems a pity to go a step further than is necessary in making distinction between the man who has the misfortune to suffer from mental illness and the man who is well, in clothing as in other ways.

At the laundry, renovation is under immediate consideration, and we need make no further comment at present.

The death rate for 1933 was 8.6 per cent., the percentages for the two sexes being 9.2 and 8. The average during that year for mental hospitals was 7.2 per cent.

Deaths since last visit have been 188 in number, followed by post-mortem examination in 62 per cent. of them. In the case of 4 men and 7 women, practically 6 per cent., the cause was tuberculosis, not a high proportion. The numbers of known cases of this disease at present in the hospital (exclusive of 1 member of the staff) are 7 on the male and 11 on the female side. Among other causes of death, including two cases of dementia præcox, 31 deaths—that is 16 per cent.—were ascribed to exhaustion from the mental disorder; this high proportion is, we assume, probably exceptional. Three of the deaths followed accidental falls,

1 was after an operation for hernia, 3 were due to asphyxia (in 2 cases associated with impaction of food, and 1 with an epileptic fit). One, a case of suicide, was due to injuries by being run over by a train. With these 8 exceptions, in each of which cases an inquest was held and the circumstances were fully reported to our Board at the time, all the deaths were due to natural causes.

In addition to the 4 cases in which injuries were associated with the cause of death, there have been 30 instances in which patients (17 men and 13 women) have sustained more or less serious injury; in all but 2 cases its nature was fracture of a bone. There were three instances where the manner in which the injury was sustained remained unknown; in 2 of these cases there is but little doubt it occurred during an unavoidable struggle with the staff, into one of which the Committee held inquiry because of charges of ill usage (not substantiated) made by the patient; 1 occurred while assisting in the working of a machine; 3 happened during altercations with a fellow patient; 3 were self inflicted; and 18 were the result of falls. Of these falls, one was in an epileptic fit, 4 were due to a push from another patient, and 13 were purely accidental. We have made this somewhat elaborate analysis as to cause, because it seemed to us that the number of these casualties was unusually high. Its making has demonstrated to us that, besides care in treatment, due care is taken in ascertaining the facts of these occurrences and in the keeping of accurate records of them.

Apart from 4 cases of dysentery (3 men and 1 woman), and 1 of diphtheria (a woman), there have been no epidemic illnesses.

On the day of our visit we found 12·8 per cent. of the patients in bed, the proportion of the women thus under treatment being rather greater than that of the men. So far as it is possible to classify patients who may suffer from mental excitement or confusion, and physical disorder, at the same time, and so far as we could judge during our visit, just over 70 per cent. of those in bed were there chiefly on account of physical illness, the remainder because of mental ill health. We were interested to hear of the satisfactory progress of a patient who is on leave of absence in order that he may have radium treatment for epithelioma of the hand, and of the useful co-operation between the two hospitals concerned.

The annual returns show that 55 per cent. of the men and 41 per cent. of the women are usefully employed. These are not high proportions; and, in the case of the men almost a quarter of the total in residence are returned as assisting in the wards. We considered whether it might not be possible to find occupation for more men with the painters and carpenters and get most of the hospital's book-binding and printing done by suitable patients. With the advent of improvements at the laundry, we hope that it will be found possible at least to double the number of those (45) now employed there.

In looking at the figures relating to the nursing staff, it is gratifying to realize that as many as 53 per cent. of the women and no less than 84 per cent. of the men are certificated or registered as mental nurses. These proportions speak well for the efforts made to teach and to train the staff and for the response to those efforts. Some 6 women nurses (3 at a time) are employed during the day time on the male side of the admission hospital, a practice which, we hope, will be extended to the new sick hospital when it is built.

The laboratory is not modern—future development here is under consideration. Work done in relation to the clinical needs of the hospital is, however, of considerable amount.

The hospital is not an easy one to administer, and its age and structure create difficulties in treatment, but it will be seen from our report that efforts have been made, and continue to be made to minimize these disadvantages.

Dr. Daniel has to assist him as resident medical colleagues, Dr. R. G.

Riches (Deputy Superintendent), Drs. Retallack-Moloney, D. Cameron and May Wallace, and 4 other medical officers ; as well as a strong staff of visiting specialists in several branches of medicine and surgery. Our task has been lightened by the constant assistance we received from Dr. Daniel and other officials who accompanied us in the course of our visit. One of its days happened to coincide with a meeting of the hospital's Sub-Committee, which gave us an opportunity which we were glad to have of meeting the Chairman and several of its members, as well as of being present, at their invitation, at part of their meeting. This last perhaps rather unusual experience was of special interest to us because it included the appointment of a new Laundry Superintendent and an Occupations Officer, both positions meaning much to the success of that part of treatment which depends on organized occupations.

LONDON COUNTY MENTAL HOSPITALS.—8. HORTON.

*October 25th, 1934.*

We made, on behalf of the Board, the annual visit to this hospital yesterday and to-day. Although much time was spent in interviewing certified rate-aided patients who had been admitted recently, we were able to visit all the wards and gardens, as well as the various departments where patients were employed. We were much impressed by the high standard maintained in regard to many of the important activities of the hospital and by the able administration of the various departments.

At the time of our visit 2,044 patients were in residence, comprising 417 men and 1,627 women. The greatest change taking place here at present is the transfer of women to other hospitals and the admission of large numbers of men. We understand that it is proposed further to extend the male accommodation, when opportunity arises, to decrease the female accommodation.

The new nurses' home, with accommodation for 86 nurses, is nearly ready for occupation. We hope as many as possible of the nurses who now occupy rooms off the hospital dormitories will be transferred to this new home. We were glad to know that it is proposed to convert some of the rooms thus vacated into clinical rooms, and some others will, presumably, be used as single rooms for patients.

Some of the patients are employed in the utility services of the hospital, and very good work is being done in the sewing room. On the male side, however, a negligible number only are employed in the shops, 3 tailors and bootmakers, 11 upholsterers, 5 book-binders and printers, 4 painters and carpenters. An Occupations Officer has a class for handicrafts for women and, in the afternoons, takes weekly classes in some of the wards, where we saw some knitting in process. So far, however, little has been done to employ the 51 per cent. who are at present unoccupied, or to vary the monotony and stimulate the activities of the large group engaged only in a little ward work. We agree with Dr. Nicol in believing that there are great opportunities for the development of treatment with these more difficult and deteriorated patients through the introduction of systematic training and occupation. Re-organization on a large scale will be necessary, both in the work and training of the nurses and of the Occupations Officers, but we believe that it will be justified by the improved health and happiness amongst the patients and the prevention of unnecessary deterioration. We wish Dr. Nicol all success in the plans he has in view.

On the recreational side a good winter programme of entertainments in the hall has been arranged. The cinema is one of the old type, and an increasing difficulty is being experienced in getting good silent films. The installation of "Talkies" will be a real asset to the hospital, and we were glad to hear that the question is under consideration.

We saw in the hall a group of about 20 young men drilling vigorously, and with enjoyment, under an attendant who had been a physical instructor

in the Army. This is an excellent innovation and might well be extended to other groups of male patients. The introduction of country dancing or musical drill on the women's side would be equally desirable. We understand that the men are also keen about football, and that there has been much interest and rivalry shown in the allotment gardens given to certain patients.

The arrangements for changing the books in the wards have been improved, and in most of the wards there is now a fair supply in open shelves. There appeared to us to be an unusually high proportion of readers amongst the patients, and it is important to maintain a good and varied supply. We thought that the supply of daily papers in certain wards was insufficient, and noted one ward in which 60 workers had only two daily papers. The condition of some of the books in the shelves pointed to the need for the extension of the book-binding department.

There are small ways on the domestic side in which we think the patients' comfort could be increased. Lockers would be appreciated in many of the wards where the patients at present carry about their possessions in bags and cases. Even in the better wards the locker provision is inadequate. Clothes hangers on a rod would keep coats and dresses in better order than the hooks which are in use, except in a few wards, and would take no more room. Racks for tooth brushes, or a hook in the patient's own locker, are needed to prevent them from being kept in close contact in mugs or elsewhere in the bathrooms.

The lighting in the dormitories and day rooms is not yet satisfactory for patients who want to read or sew, but we understand that the Committee has this question under consideration.

Much initiative is shown in the designs of the women's clothing, resulting in very pleasing and varied patterns. This refers to underclothes as well as dresses, and it was specially satisfactory to see the trouble taken to provide patterns that meet with modern tastes so that the younger patients would not feel hardship in having to wear hospital clothing.

Comparatively few structural improvements have been made during the last year. In hospital C a single room and verandah have been constructed, and various minor adaptations made in three small rooms. The general condition of the buildings seems to be good, and with a few exceptions the wards and dormitories are in a satisfactory state of decoration.

One of the improvements most urgently needed is of the sanitary facilities for male patients. None of the blocks occupied by these patients has urinals. The staff have the greatest difficulty in keeping the floors of the w.c.s in a clean and sanitary condition. It is obvious, also, that a urinal is required near the main recreational hall. It is hoped the Committee will provide these additional facilities in the near future.

In the course of our visit to the laundry we enquired into the arrangements for drying clothes. It appears that the large amount of work done in this department would be much facilitated if at least one travelling drier were installed. The ventilation of the laundry would also be improved if it were possible to open more of the skylight windows.

The number of patients resident in the hospital to-day is 417 males and 1,627 females, making a total of 2,044. The actual accommodation available shows an excess of 80 in day accommodation over night, i.e., day accommodation—males 429, females 1,711, total 2,140; night accommodation, males 424, females 1,636, total 2,060. Two hundred and fifteen of the patients in residence are private patients, some of whom occupy comfortable quarters at a cost of 33s. 10d. weekly.

Thirty-four patients have been admitted on a voluntary basis since January 1st, 1934, and there are 33 in residence to-day. Only 2 temporary patients have been admitted since the same date, of whom 1 is still resident.

In talking to some of the recent admissions and in discussing the full notes kept as to their mental condition on admission with Dr. Nicol and the medical officers, we formed the opinion that some might have been persuaded to enter the hospital as voluntary patients. If we are right in this surmise, and certification in some cases might be avoided, it would appear that the system for facilitating treatment under the Mental Treatment Act is not yet working effectively.

We had occasion during our visit to refer to the case notes of many of the patients. It was gratifying to find such full and detailed records of each patient. There was evidence that a careful and systematic examination is made of both the physical and mental condition of each patient on admission, and that any special features indicating the need of further examination are fully investigated. The medical officers are fortunate in having most helpful notes prepared by social workers concerning the history of the patient and his or her home environment previous to admission. Miss Dale, who is a voluntary worker, continues to do very valuable work on the female side of the hospital, regarding the admissions. Miss Lilley, who acted as social investigator for both this hospital and Ewell, has had another appointment, and the post is now vacant. The services of the social investigator have already proved so valuable, and there is scope for extending her services in other directions, that we would urge the Committee to appoint a whole-time trained social worker for this hospital.

The general impression we received when we saw the patients in the wards and gardens was that the proportion of restless and excited patients seems relatively high at Horton. The number confined to bed, we were glad to find, was not large. The good results generally obtained with continuous bathing of the more restless type of patient, led us to investigate the hospital's equipment for this treatment. It is obvious there is room for much improvement of the facilities for hydrotherapy, and we hope this matter will receive further consideration by the Committee.

We were glad to know it is proposed to introduce large wash basins in the wards where nurses have to wash numbers of bed patients.

The health statistics for the last year call for but little comment. The mortality rate for 1933 was 8.2 per cent. as compared with the mean figure of 7.2 for all mental hospitals in England and Wales. Of the 148 deaths that have occurred since the Commissioners last visited, no fewer than 55 were due to cardio-vascular diseases, 31 to respiratory diseases and 26 to general paralysis. No inquests were held.

Twenty-four patients have sustained serious but non-fatal injuries. All, with the exception of one (cuts on the face) were fractures or dislocations of bones. In 17 cases the injuries were received accidentally; in the remaining seven the injuries were due to altercations with other patients.

The general health of the patients seems to have been particularly satisfactory. With the exception of one case of influenza, the hospital has been free from all epidemic diseases. There are at present only 10 cases of tuberculosis.

The hospital continues to do pioneer work in the malarial treatment of general paralysis. The results achieved here go far to show that this treatment is definitely more successful when placed in the hands of persons with expert knowledge and experience. Dr. Nicol has recently published further data in an article on "The Relation of Syphilis to Mental Disorder and the Treatment of G.P.I. by Malaria."

Dr. Nicol is assisted by the following medical officers: Dr. Anderson (Deputy), Dr. Madgwick, Dr. Laws, Dr. Hirschco, Dr. Tyars, Dr. Whelen and Dr. Hutton. Recently Miss Thorburn, O.B.E., R.R.C., who had been Matron at this hospital for twenty-two years, resigned her post. Her exceptionally valuable services to the hospital are greatly appreciated. Miss Lowman has been appointed her successor.

## LONDON COUNTY MENTAL HOSPITALS.—9, LONG GROVE.

*April 13th, 1934.*

We concluded to-day a visit extending over two days, and during which we visited all the wards and most of the departments of the hospital.

It was a pleasure to be afforded an opportunity of meeting the Committee on one day and we wish to record our appreciation of the interest they showed in problems particularly relating to the welfare and treatment of the patients.

Dr. Ogilvy unfortunately is ill and was unable to meet us. We trust that he will soon be able to return to the work to which he has devoted so much of his interest and energy.

Our experiences yesterday and to-day, in company with the medical officers who are in actual charge of the patients in the wards, convinced us that everything possible by way of medical and nursing treatment is being done for the patients.

The sanitary arrangements for nursing patients in one of the female infirmaries were inadequate owing to lack of space, and in another ward where a large number of deteriorated women were living there were no proper arrangements for cleaning and drying mackintosh sheets, as to this, a new and better method is urgently required. On the other hand, all the rooms attached to the wards and the sanitary annexes throughout the hospital were in as good order as it was possible to keep them. We did not like the antiquated fixed wooden seats we found on the female side; from a health point of view they are dangerous. We found the upper surfaces scrupulously clean, but the lack of hinges and bad fitting made a high standard of cleanliness impossible.

During the course of our tour we noted how few of the patients were wearing their own clothes; perhaps it might be possible to extend this privilege. We know it would be greatly appreciated by the patients. Individual marking of outer and under clothes supplied for the use of patients has not yet been adopted at Long Grove. We hope this will be done as soon as some of the difficulties of the scheme have been studied and overcome. It may be possible by issuing a "set" of clothing for each patient to keep ward stock intact when patients are transferred from ward to ward. We discussed this matter with Dr. Martin.

The canteens appear to be a success; they are open daily. We suggest that the sale of ice-cream during the summer months would be much appreciated.

The occupational treatment of patients is receiving attention and we are satisfied that steady progress is being made. On the male side we found that two members of the staff have already been trained to help the occupation officer. Success in this mode of treatment will follow on the full training of all the members of the staff.

Tea-pots are used in many wards in the place of tea urns. This is liked so much by the patients that we would be glad to see it extended, more especially on the female side.

We find that the operating theatre is used to a considerable extent, and we wonder whether an extension to provide a sterilizing and anæsthetizing room separate from the main operating room has not become necessary.

The practice of giving parole beyond the estate to suitable patients is not freely followed in this hospital. Several patients complained that this privilege which had been granted to them at other hospitals is not available to them here.

The total number of patients on the statutory books is 2,257, of whom 1,200 are males and 1,057 females.

At the present time three men and one woman are out on trial, leaving 2,253 in residence to-day.

The mortality rate for the year 1933 is 5.1 per cent. Since the last visit 58 patients have died, 34 males and 24 females.

Forty-one post-mortem examinations have been held.

An inquest was held in the case of one patient who died following a struggle resulting from a violent and unprovoked attack on a member of the staff. The case has been reported to our Board and needs no further comment here.

The chief causes of death have been : heart disease 29, pneumonia 7.

There have been 12 cases of serious but not fatal injury. Eight of these were due to accidental falls, three to violence from other patients, and in one case the cause of injury was undiscovered.

Two cases of dysentery have occurred on the female side.

At the present time there are 35 patients under treatment for tuberculosis.

In Dr. Ogilvy's absence Dr. Martin is in charge of the hospital, and he is assisted by four male and two female medical officers, all of whom we had the pleasure of meeting during our visit.

#### LONDON COUNTY MENTAL HOSPITALS.—10. WEST PARK.

*November 15th, 1934.*

At our visit to West Park to-day and yesterday we found the number on the statutory books to be 2,188 ; thirty patients are out on leave on trial. Since the beginning of the year 355 patients have been admitted—32 voluntary, 3 temporary, and 320 certified patients. The proportion of 9 per cent. of voluntary patients is lower than it was for the year 1933, when 15 per cent. of the admissions were voluntary patients. We had an opportunity of interviewing a number of the certified patients who had been admitted recently. These interviews, together with the notes made by the medical officers on the mental condition of the patients when admitted, convinced us that a good proportion of these patients, so far as their clinical condition was concerned, could have been admitted as voluntary or temporary patients.

The accommodation of the hospital is computed to be 2,162 by day and 2,168 by night. The number in residence to-day is 2,158, 1,169 men and 989 women.

The mortality rate of 5 per cent. for 1933 is definitely lower than that in most mental hospitals. During the last year 104 patients died ; the cause of death was verified by post-mortem examination in only 55 cases. The chief causes of death were cardio-vascular diseases 57, pneumonia 22, tuberculosis 11 and carcinoma 7.

Inquests were held on two deaths. The verdict in the first case was that death was due to (1) erysipelas resulting from a streptococcal infection of the scalp caused by an accidental fall (2) accelerated by lobar pneumonia. In the other case the verdict was that death was due to asphyxia caused by the patient lying on a pillow face downwards. This patient was sleeping in a dormitory that was receiving constant supervision.

As regards epidemic diseases, the hospital seems to have been comparatively free during the last year. A small group of 13 patients—11 of these being women—suffered from erysipelas. At present there are 22 cases of tuberculosis, and we were glad to see that full use is being made of the verandahs for nursing these patients in the open air.

Eight men and 10 women patients have sustained fractures of a more or less serious nature. In 12 of these cases the injury was sustained accidentally ; in 5 other cases it was received in altercations with other patients ; and in the remaining case the patient threw herself in front of a car when she was out for a walk.

During the past year Dr. Roberts has approached the nursing staff with a view to obtaining their suggestions and co-operation in introducing handicrafts in the wards and as a result it is very satisfactory to see patients busily at work in some of the wards who have hitherto been quite unoccupied.

In wards C.2 and G.2 the number of patients employed and the variety of occupations was notable.

In ward H.1 also, where the patients are mainly of the dementia præcox type and of faulty habits, we saw a class of some 30 men being drilled by one of the attendants, whilst a more advanced class was being taken in the hall for 40 of the better men. Mrs. McLuskie continues to hold a class in the small basement room which is used as a centre, for about 17 ladies twice weekly and also takes classes in certain wards. Some very good work is done.

In order to consolidate and follow up the good beginning that has been made, we believe it will be found necessary to give the nurses and attendants more help, both as regards handicrafts and also in methods of habit-training suitable to the very deteriorated patients who are not fit for even the simplest form of useful work.

A further point we discussed with Dr. Roberts was the importance of regular daily training and the possibility that Mrs. McLuskie's time might be better spent if concentrated on fewer classes. In the admission ward, where new patients may be prevented from further deterioration and helped towards recovery, we believe that daily training under medical prescription is of special importance. A daily class in the admission ward would also serve as a training centre for nurses from which they could return to the wards better equipped to carry out occupational activities.

As this work proceeds the need for an occupational centre where more patients can attend will be increasingly felt.

Good work is being done in the upholsterer's and brushmaker's shop where about 40 men are employed.

A dance is held weekly in the hall and on another evening in the week there is either an entertainment or a cinema show. There is no "talkie" apparatus and silent films are becoming difficult to get and may be looked upon as old-fashioned by the younger patients.

A defect in the accommodation at West Park, which we feel sure is recognized by Dr. Roberts and by the Committee, is the inadequacy of the nurses' home.

We understand that the original block proved insufficient for the nursing staff required when the shift system was introduced and a second block, consisting of bedrooms only, was added. In consequence the sitting and dining room accommodation is now inadequate and a cheerless corridor has had to be brought into use for supplementary day use. The home is, moreover, placed in the midst of the wards and has few of the amenities to be found in modern nurses' homes and which are so much valued by nurses.

We found also that 85 nurses out of a total of 217 sleep in rooms off the wards, some of which must necessarily be noisy at nights. The presence of nurses in the wards at night is to some extent necessary, but the number should, we think, be kept as low as is consistent with the safety of the patients and of the night staff, and we hope that this will be borne in mind when the question of the nurses' accommodation is being considered.

The wards and dormitories are kept in a good state of decoration and many improvements and alterations are being carried out in the garden and grounds. In the course of our visits to the various wards and departments of the hospital we discussed a number of suggestions concerning minor improvements that might be effected. Amongst others were the following:—

- (1) The artificial lighting in many of the rooms, wards and corridors seems inadequate. We noted this specially in the sewing room.

- (2) We feel sure the patients in some of the wards would welcome a better supply of daily papers and weeklies. Daily papers are available for those who are able to buy their own and this is much appreciated; but the regular supply of 2 for 49 patients in some

wards is, we think, too low, and we were sorry to learn that the supply of periodicals has been discontinued.

(3) The books in the wards are only changed once a month and we suggest that this is too long an interval. Many of the books in the wards showed the need for re-binding and we suggest that a department for book-binding would considerably prolong the lives of the books and would also provide an interesting occupation.

(4) A wash-basin is needed in each of the lobbies leading to the w.c.'s adjacent to the main kitchens.

(5) Improvements that would be much appreciated by relatives could be effected in the viewing-room of the mortuary. The patients in the handicraft centre could make a screen or embroider curtains that would make most suitable fittings for this room.

We were interested to hear of the various problems which are being specially investigated by the medical officers. Dr. Harris has continued his researches of puerperal mental disorders, the treatment of encephalitis Parkinsonism with trypan blue is being pursued by Dr. McCartan, and Dr. Astley Cooper is studying the physical and mental changes manifested by patients of this disease. Dr. Caldwell has been treating cases of schizophrenia with large doses of alkali, and Dr. Switzer is now preparing a report upon the treatment of a large number of cases of general paralysis with sulphur and oil.

#### MIDDLESEX MENTAL HOSPITALS.—1. SPRINGFIELD.

*30th October, 1934.*

We have to-day visited this hospital to complete the annual inspection on behalf of our Board which we began yesterday morning. We are glad to be able to report that we have been most satisfied and interested in what we have seen. We have been much struck at the friendly relations existing between the medical staff and the patients, and the friendly word spoken and personal interest in individuals shown while we passed through the wards. It is an attitude which gives immense pleasure to the patients as was obvious both yesterday and to-day.

We found the wards well kept and very well supplied with flowers, and the hospital throughout looked comfortable and cheerful. The dormitories and the beds and bedding were all that could be desired, and we were particularly pleased to see that the old-fashioned unsightly markings by broad and large rubber stamps are gradually being replaced by neat markings in red cotton. We watched some sheets being marked by a patient in the work-room, and, although this marking has been used here now for two years, we are told that it is not picked out by the patients, as has been given as a reason for not using it elsewhere. We feel that we must call attention to the fact that nightshirts are not in general use on the male side, although we were told there are plenty of those garments available. We hope that every effort will be made to persuade patients to wear them; for a man to wear a shirt in which he has been working, by night as well as day, cannot be hygienic.

In the workroom we saw a number of patients busily at work, and met two lady visitors who were going around chatting to the patients. There are four of these ladies who voluntarily visit these wards and give very great pleasure in various ways to the patients.

We made enquiries about the scrubbing of the lavatory doors, and we feel that this matter is so important in a great hospital such as this, that it should be part of the daily routine.

In the ward gardens we were delighted to see a large number of seats available for the use of patients, and to note that full advantage was being taken of them.

In the laundry we noticed some new equipment in the shape of two

hydro-extractors of the latest type with very efficient locking apparatus and a new collar and cuff machine.

Physical exercises for the patients have been discontinued for some months, but we hope not permanently. We are convinced of their value and where we have seen classes in progress we are sure they give pleasure. If a simple gym dress could be made in the workroom for female patients, the popularity of physical exercise classes is almost assured.

We much hope that every effort will be made to extend the scope of the occupation therapy and if it could be arranged for some of the medical staff who are interested in this branch of therapy to visit other places and get fresh ideas and see new forms of work, we believe it would be found very beneficial.

We found the patients very quiet and orderly, and we believe for the most part happy and contented.

During 1933 there were 464 admissions, including 74 voluntary and 2 temporary patients. There are now on the statutory books the names of 704 men and 1,139 women, a total of 1,843. This figure includes 65 voluntary and 1 temporary patient.

The weekly maintenance charge per head is 23s. 11d., for private patients 43s. 2d., and for out-county patients 64s. 2d., the average weekly maintenance cost as last ascertained being 23s. 9½d.

The present staff of nurses is as follows :—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	31	21	52
Ordinary	...	...	...	...	...	...	71	127	198
Night ...	...	...	...	...	...	...	21	13	34

Eighty-five men and 55 women are certificated or registered as mental nurses and 24 and 20 have passed the preliminary examination.

The death rate during 1933 was 64 per thousand patients resident, compared with the average for mental hospitals of England and Wales of 72. Since the last visit almost a year ago the number of deaths has been 117, 54 of which were the subject of post-mortem examination. Some 40 deaths have been due to processes of natural decay, 18 to pneumonia (it is observed that there was an outbreak of influenza in December and January affecting 92 patients), 11 to general paralysis, 10 to tuberculosis, and a like number to the exhaustion of acute mental disease. One woman has died of enteric fever.

Inquests have been held on the deaths of 3 men and 2 women, the circumstances of which have been reported to our Board.

Accidents involving fractures of bones have occurred to 1 man and 9 women. This disparity between the sexes in the matter of accidents is frequently seen, and we would mention the possible association of the highly polished floors in this section of the hospital.

Five men and 2 women are at present under treatment for tuberculosis, for which some excellent balcony provision now exists where certain patients can remain in open-air conditions throughout the 24 hours. Four nurses and a laundrymaid were taken ill with enteric fever between June and the beginning of August, one of the nurses died while away on leave. Later in August 2 patients were similarly afflicted in wards 4 and 5, and in mid-September a third patient in ward 8, where the fourth and last case occurred on October 11. These patients were first treated in ward A and subsequently in a detached building; one died and 3 are at present under treatment. Measures that have been taken to deal with this infection include the prophylactic use of t.a.b. vaccine for all patients in ward A and many of the female staff and the medical officers. The excreta of all patients in wards 2, 5 and 8 are undergoing bacteriological examination, and morning and evening temperatures of contacts have been taken.

A carrier of the infection in ward 5 has been discovered during this special examination.

We have been very favourably impressed by the consideration that is evidently given to patients' wishes, and to the range of psychological, medical and surgical examination, and treatment that are available for them.

With the reception of larger numbers of voluntary patients, the pressure of medical work and nursing care in the admission wards will undoubtedly increase considerably, and we are glad to hear that special rooms are to be built for the accommodation of these patients.

A very important part of the examination of patients is the contribution now made by the most informative reports of the social worker on the home and other environment of the patients, revealing factors on the ætiological side in bringing about the illness, which can be remedied to some extent before the patients return home again.

The training of nurses in this hospital is undertaken with much thoroughness, and there is a well-equipped teaching department.

We believe that everything possible is done here for the comfort, happiness and relief of the patients, and the committee are much to be congratulated on the excellent state of the hospital under the guidance of their medical superintendent and his staff.

MIDDLESEX MENTAL HOSPITALS.—2. NAPSURY.  
*April 6th, 1934.*

We have to-day completed our inspection of this hospital, which we began yesterday morning.

During the year 1933 there were 441 admissions, 50 transfers to other care, 192 departures or discharges (including 119 recoveries) and 156 deaths. Money allowances were granted in all cases where patients were allowed out on trial or leave to test their fitness for discharge. Of the 441 admissions 3 men and 9 women were admitted as voluntary patients.

There are now on the books the names of 771 men and 1,001 women, a total of 1,772, as against 913 men and 1,388 women who were on the books when our colleagues visited in September of last year. The decrease is due to the fact that a large number of patients have been transferred to the new Middlesex Hospital at Shenley and the figures given to us to-day show that calculated on day space there are now 80 male and 68 female vacancies and on night space 122 male and 144 female vacancies.

The private patients number 66 men and 15 women, 60 of the men being service or ex-service patients.

The weekly maintenance charge per head for home patients is 20s. 5d. per week and for private patients 38s. 6d. per week, the average weekly maintenance cost as last ascertained being 19s. 6½d.

Twenty-six men and 30 women are allowed full parole within the estate and 98 men and 110 women have parole beyond the estate.

The present staff of nurses is as follows :—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	28	38	66
Ordinary	...	...	...	...	...	...	91	137	228
Night	...	...	...	...	...	...	22	27	49

Six women are employed on the male side. Eighty-four men and 32 women are certificated as mental nurses and 3 of each sex are registered ; 37 men and 53 women have passed the preliminary examination only. A good deal of work has been done in the hospital and outside in the way of painting and improving the roads and ward gardens and we thought that the hospital was generally very well maintained. In going round we thought that further wireless machines, or if it were thought better, a wireless

installation would be to the pleasure and benefit of the patients. To-day was dull and cold, whereas yesterday was warm and bright, but on both days we were struck by the number of patients reading. The book-shelves were well supplied with books, which are changed at frequent intervals, but in some of the wards a further supply of daily papers would, we are sure, be appreciated.

The wards and dormitories and corridors were well supplied with plants and flowers and there were some beautiful plants of cyclamen in nearly all the wards. The gardens were most attractive yesterday.

In the room where the carding machine is, we think it advisable that there should be a chemical fire extinguisher in case of accident and we should like to see the carriage carrying the hair to the teasing wheels lengthened, as we watched the process this morning and the feeders' fingers must have been sometimes within dangerous distance of the spiked wheel. Again, in the laundry there are some calenders which we think ought to be further guarded. One of us had an opportunity of discussing the matter with the engineer and we do not think that he agreed with us for the necessity of further guarding, but there have been some serious accidents in the past few years which could have been avoided with such protection as we suggested to-day, and that is the reason that we are again giving prominence to a matter which our colleagues alluded to last year.

In the dormitories we saw some very nice bedside lockers, which are, however, of a somewhat expensive type, the supply of a few sets of plain cupboard lockers with keys would, we feel sure, be a great boon to many patients.

The cinema is, perhaps, the entertainment which the patients most enjoy, and we hope that now the hall is no longer a dormitory, no time will be lost in setting up a talking apparatus.

The patients were very well behaved on both sides, most of the women we saw in the gardens yesterday and the men in the wards to-day. They were friendly and well-disposed generally, well clothed and shod. We gave private interviews whenever they were asked for and conversed with all who wished to talk.

One of us visited the farm and was very well satisfied with the arrangements made for the supply of clean milk and for the proper cleansing of the utensils and for the cleanliness of the milkers.

The cause of death has been verified by post-mortem examination in as high a percentage as 93 of the 88 deaths that have occurred since the last visit. Thirty-four deaths were caused by pneumonia or bronchitis, 15 by heart disease, 9 by organic brain disease, 9 by general paralysis and 2 by tuberculosis.

There have been no inquests in this period.

Three women have sustained fractures of the wrist by falling. One was pushed down by another patient. No cases of infectious disease have arisen, but 5 men and 11 women are under treatment in excellent open air surroundings for tuberculosis. Forty-four patients are on green cards for previous enteric infection. We understand that a periodic examination is made of their excreta and that only two of this number are known to be carriers of this disease. All patients or staff who are transferred to the same ward have the opportunity of protection by inoculation. It would be an advantage to use a light paint for the w.c. door in wards where there are patients who have previously suffered from enteric fever or who are of faulty habits.

A tank in the laundry for foul linen is used to immerse these articles on their reception from the wards; they are first treated in a disinfecting lotion and afterwards the non-woollen articles are heated by steam; if this latter yields an effective temperature the use of a preliminary disinfectant should be unnecessary.

In certain wards a large proportion of patients is unoccupied in any

useful direction. We would earnestly recommend the careful exploration of suitable and simple handwork which is within the scope of their present mental condition. At the moment the number of occupied patients is below the average and nearly half this number is engaged in ward work.

We met several patients whose cases demonstrate the need for the employment of a social assistant to collaborate with the medical staff in easing the difficult environment where this has been a factor in the patients' illness. Such an agency is well calculated to arrest relapse in some instances and to enable patients to leave hospital earlier than might have been possible. Another group that claims attention is the not inconsiderable number of patients who, though not restored to normal mental health, may be sufficiently reasonable to live among the general population if given a certain amount of sympathetic oversight and care as boarded out patients, either with relations or with carefully chosen persons, preferably living under rural conditions. A scheme to promote such single care on a scale that may be practicable for a county will of necessity take some time to organize, but we consider the time has come to give it preliminary consideration.

Dr. O'Neill, who was with us all of both days, has as his deputy Dr. Roachsmith, with Drs. Stern, Newton, Laptain, Carter and McMenemey as his A.M.O.'s.

#### MIDDLESEX MENTAL HOSPITALS.—3. SHENLEY.

*December 17th and 19th, 1934.*

The King, who was accompanied by the Queen, on the 31st of last May, formally opened the first section of this new hospital for mental disorders. In the course of the ceremony His Majesty expressed his interest in the mental health service and spoke of the notable advances which have been made in recent years in the care and treatment of those suffering from mental illness.

Shenley is the third mental hospital for the county of Middlesex. The other two are Napsbury, opened in 1905, and which now has 893 beds for male patients and 1,145 beds for women, and Springfield Hospital (Wandsworth) provided originally for the county of Surrey in 1841 but which was transferred to Middlesex in 1889 and which now has accommodation for 730 male and 1,119 female patients.

Spending the whole of two days, December 17th and 19th, at the hospital, we have paid the first annual visit on behalf of our Board. Before setting out the customary statistics and other matters of information, it may be of service on this occasion to include in our entry a brief account of the hospital's inception and some remarks as to its design.

As far back as 1911 the council had had to consider provision of further accommodation for mental cases, and in 1914 they were on the eve of the purchase of a site (at Heston) on which to erect their third mental hospital. Following the war (during which these proposals were in abeyance), as was the case in most mental hospitals, any deficiency in accommodation or tendency to overcrowding had disappeared; and, taking Springfield and Napsbury together, there was vacant accommodation in those hospitals to the extent of over 300 beds. With the return to normal rates of admissions, discharges and deaths and especially with the reception of service patients in 1920, these vacancies were reduced by 200; and, by January 1st, 1923, there was a deficiency of accommodation to the extent of 160 beds, together with an average annual increase of 190.

Accordingly, in 1924, the Porters Park Estate, of 1,166 acres, at Shenley, in Hertfordshire, was acquired at a cost, including its mansion, two farms and some cottage property, of £80,000, on the southern half of which it was decided to erect a mental hospital to accommodate ultimately 2,000 beds, and to reserve its northern half for a colony for a like number of mental defectives.

During the hospital's inception the late County Architect, Mr. H. G. Crothall, F.R.I.B.A., was responsible for its planning, and upon his decease this work was brought to a conclusion by his successor, Mr. W. T. Curtis, F.R.I.B.A. It was the Committee's express wish that, in its arrangement and design, prominence wherever feasible should be given to facilities for modern methods of examination, study and treatment leading up to the cure of patients suffering from mental disorder; that especial consideration should be given to any new requirements necessitated by the operation of the Mental Treatment Act; and that full advantage should be taken of all information available in our Board's offices as to progress in mental hospital construction during the quarter of a century since their last opened mental hospital was designed. In this connection, and during the considerable negotiations which took place with our Board, Lt.-Colonel L. W. Rolleston, C.B.E., M.B. (formerly Superintendent of Napsbury Mental Hospital), acted in a medical advisory capacity on behalf of the Committee.

Decision was taken that the hospital should be erected in two instalments, the first of which would comprise the whole of the administrative buildings for the complete hospital and units for 358 male and 696 female patients. Plans and a contract for the erection of this first instalment were approved in November, 1931, the accepted tender (£520,336) being that of Messrs. J. Laing & Son, Ltd. (of Mill Hill). On July 9th, 1932, the foundation stone was laid by Sir William Lobjoit, O.B.E., Chairman of the Middlesex Mental Hospitals Committee.

The area over which the whole of the buildings will extend—those already built and those yet to be built, exclusive of the staff cottages—is about 95 acres. This area is within that part of the estate upon which, at no small cost, much trouble had been taken by previous owners in its lay-out and embellishment: standing some 420 feet above sea-level, it commands extensive and beautiful views. We were pleased to see the care which had been taken to preserve the amenities and beauties of these grounds; with the result that the ward-gardens—both those which are fenced and those which are open—and other parts where patients take their exercise, instead of having to wait perhaps many years for their development, already are well wooded and are looking very attractive. We noticed that they have been supplied with first-rate garden seats made of teak obtained from broken-up ships of the Royal Navy, the name of the ship from which taken being labelled on each.

In general design, and in preference to the conglomerate and older type of plan, the system of detached units has been adopted. These units are arranged round an axially placed administration set of buildings—those for males to its east, those for women to its west and the group for recently admitted patients to its south.

The administration comprises, from south northwards:—

The principal entrance, which is a two-storey building containing, on the ground floor, committee rooms and offices for Superintendent, assistant medical officers, steward, clerks, Matron and her assistants and chaplain, and a small kitchen; on the floor above are the bachelor quarters for four doctors, and a billiard room. Next is the medical unit which is a one-storey suite containing operating theatre, dental room, dispensary, laboratories, and room for photography; all these rooms open off a corridor running east and west, from the open ends of which there is very easy access to the units containing the sick wards. Then follows the recreation hall, capable of seating 1,000 persons, with stage at one end and prospect and winding rooms for a cinema at the other end—a beautiful room, which cannot fail greatly to strengthen the resources of the hospital; in this function it will be assisted by the club-room, connected by a servery with the main kitchen and its scullery and other ancillary rooms. From the hall, entertainments can be relayed to all the wards and villas; to all of which wireless either has been or will be laid on. In this connection

we may mention, and we do so with much satisfaction, that a hospital band and orchestra are being got together. The kitchen is very well equipped with various modern aids to the preparation and cooking of food ; it has two fish-friers, and a double-decker drawoven electrically heated. Flanking this part of the administration on the west are good quarters for some 12 domestic staff and on the east recreation and mess rooms for male staff with a few bedrooms over them. Next is found the stores ; and in the large yard between it and the kitchen and connected by short covered ways is liberal cold storage for meat, dairy produce, etc., so arranged that part of it is under control of the steward and part under that of the cook. At the north end of this set of buildings is the bakery, boiler house, fuel store, water-tower, engineer's yard and garages.

Nearby, but separated by a roadway from these administrative buildings, are the laundry, well fitted with up-to-date and, so far as we examined, well protected machinery, including steam-presses for men's suits, and affording from its ironing-room windows a particularly fine view over the country ; the sewing-room ; and other workshops for women—all within easy access from the women's villas. Delivery to and from the laundry is by electrically driven lorries.

In giving some account, brief though it must be, of the units for patients, especially in order to indicate facilities for their classification, it will conduce to clarity if, while pointing out those which already have been built, we enumerate the whole of them as they will be when the hospital has been completed. There are six general types of cases for which provision has been or will be made : (1) the recent and convalescing ; (2) the sick ; (3) the aged and infirm ; (4) patients for whom, because of their symptoms and behaviour, a major amount of supervision is required, whose gardens must be fenced, and whose wards, in contradistinction to those the doors of which generally are kept unlocked, are closed ; (5) able-bodied patients of the industrious and trustworthy type, to whom considerable parole of the hospital grounds can be given and whose villas or wards can be administered on an open-door system ; and (6) patients of an intermediate type whose conduct scarcely conforms either to the fourth or fifth of these types. Besides these six groups, there is a Sanatorium on each side for tuberculous, dysenteric and other cases in need of segregation and some separate provision for private patients.

(1) For the recent and convalescing group, there are provided an admission hospital, a two-storey conjoint unit for 46 patients of each sex, with treatment-centre common to both wings, and a pair of convalescent homes, each for 20 patients, with day space on the ground floor and dormitories above. All three units have been erected, but at our visit were in occupation, so far, only by women. They are the most southerly of all the buildings, are all of them to the south of the main approach road, and adjoining some woods, overlook very fine views. On their west is the nurses' home, already in occupation and which, when complete, will accommodate 11 officer nurses, 34 sisters, 169 nurses and 6 domestics ; and, between this unit and the admission hospital, is the site reserved for the church. In addition, the mansion is about to be adapted as another unit for convalescents : 27 men and 29 women ; this joint use of a detached building by patients of both sexes who are convalescent and in enjoyment of parole will be an arrangement novel in a public mental hospital.

In each wing of the admission hospital, with the exception of the reception corridor, the upper floor is in the main a duplicate of the lower. On these two floors, by five dormitories and eight single rooms each wing provides good means for sub-classification ; as additional means, it is intended to set apart two rooms in the centre (not wanted for their original purpose) for the use by day of certain types of voluntary patients. In each wing, there are excellent verandahs for open-air treatment in bed, a good installation of continuous baths, and means for colon lavage ; for

the last-named, it would not surprise us were experience to dictate the use of a separate room. We were specially pleased both with the excellence in design of nests of tall lockers, one for each patient, in which clothes can be hung and other possessions conveniently stored. In the treatment centre of this unit there is a fine X-ray installation of which good use is being made, as we saw from a number of the films we examined.

The pair of 20-bedded convalescent homes are two-storey structures with day-rooms (two) on the ground floor, and two dormitories (each with seven beds) and six single rooms upstairs.

(2) Sick-nursing units, one for each sex, have been erected and are in occupation. They are located well to the south, one on either side of south end of the administration building, within (as already indicated) easy and close access to and from the medical unit. Both are two-storey structures, each floor comprising a ward, for 30 patients in the case of the males and 35 on the women's side ; the upper wards are duplicates of the lower, except that each of the latter, being intended for the nursing of the more acutely sick, has an extra sub-ward with three beds for special cases. Each ward has two dormitories and ten single rooms, the lower one possessing good verandah facilities (fully open at the front, as we were glad to see). Among many pleasant features which we noticed and which give a thoroughly hospital character to these wards, mention may be made of the type of bedstead and of the shade of brown with which they are coloured and which is a pleasing break-away from the stereotyped pattern.

(3) Units for infirm and elderly cases : not yet built, but it is intended that they shall be two-storey structures, one for each sex, with a ward for 40 on each floor, the lower floor being, of course, intended for those whose physical enfeeblement is the more marked. Pleasant sites have been reserved for them immediately east and west respectively of the male and female units for sick nursing, and to which, in design, they will be somewhat similar.

(4) The so-called closed units : one on the male side with beds for 208 patients, and two on the women's side each with beds for 268 ; all three have been erected. Each is a two-storey structure, the floors of which are identical in design, each floor containing three wards ; in all, 6 male wards with 34 or 35 beds in each and 12 female wards with 44 or 45 beds in each ; thus affording, especially as the east and west wards of each unit are well sub-divided, considerable scope for classification, which is helped still further by the fact that the fenced garden of each unit is divided into three portions, thus affording a garden for each pair of upper and ground floor wards. They are situated on either side of and fairly close to the axial administrative buildings. Some better term than "closed" seems needed ; for, while reasons for its use have been given, these units and their wards are by no means merely custodial in character. They are very comfortable, pleasingly furnished, several of them are fitted with continuous baths and the east and west ground floor wards in all three units have verandahs affording first-rate means for open-air treatment in bed.

It was while in these wards that we saw a good two-course and evidently much enjoyed dinner in progress ; it was well served ; and the tables, which we were glad to see are of comparatively small size (seating not more than six persons), were laid with care. We noticed a knife-box designed especially to facilitate quick and accurate counting of the articles it should contain. We were pleased, too, with the pattern of the food container and trolley : it seemed to possess the desirable qualities of ease and quietness in handling and efficient insulation so that the food arrived really hot—all most important matters in an institution of this design and size.

Owing to the steep slope on the north side of the ground on which the male closed unit is built, advantage has been taken of the necessity of its having a basement to utilize the latter as space in which to locate shops

for the bootmakers, upholsterers and tailors. They are very commodious and well lit ; and we have no doubt but that full use will be made of them. We were interested to note that " wireless " had been installed in them.

(5) Open-door villas for working patients on parole : none of these has yet been built. It is intended to erect five (two for 40 and three for 30 patients) for men and a like number of similar sizes for women ; so that, with Shenleybury Farm about to be adapted for 20 male patients of similar type, there will be 190 beds of this kind of accommodation for men and 170 for women. They each will be two-storey structures, the ground floor of which will be day space and the upper floor will have three dormitories and six single rooms. The five male villas and four of the women's five will form respectively two groups for each of which, the women to the west and the men to the east of the administration, a pleasant site has been selected well away and well-screened from patients of disturbed types. For the other villa for women, the site selected had in mind convenience to a plot of land the cultivation of which might be done entirely by women patients. We are glad to know that, in the lay-out of roads to and around these two groups of villas, regard will be had to the great importance of arranging two generous-sized areas, one for the men and one for the women, so as to permit of a full measure of parole being enjoyed by each sex. We believe, too, that the giving of some suitable name to each villa, instead of designating them by the usual institutional numeral or letter, would be appreciated by their occupants.

No pegging-clock system has been installed ; in lieu thereof, and we believe rightly, reliance is placed upon the supervision of responsible nurse-officials by night.

A clinical room has been provided in each ward : a most important medical facility. While in the sick wards we examined a number of clinical records : the system of note-taking which has been adopted and the standard set impressed us very favourably.

(6) Intermediate units : two for men and three for women, each to contain 70 patients, 35 in a ground floor ward and 35 in an upstairs ward : they are not yet built. Their purpose already has been indicated. They will be located on either side of the administration, more or less between the closed units and the villas for parole patients. Of the two units for men, one will be placed on the same rather steep slope on which the male closed unit stands ; and it is proposed to form in its basement a room fitted up for occupation therapy.

Shenley Hospital, when completed, thus will have a total accommodation for 845 male and 1,235 female patients, including the two sanatoria, each with 12 beds, and two houses, each with 50 beds for private patients ; and, exclusive of these two extra types of accommodation, there will be available for classification 22 wards or villas on men's side and 30 for women, the largest of which does not exceed 45 beds.

Water supply is from a well on the site, pumped first into a reservoir with two compartments, one for hard water and one for water after treatment in a water-softener, and thence to the hard and soft water tanks in the tower. Soft water is delivered to the boiler-house and the laundry, and hard water to the main cold-water system to all buildings. Hot water is pumped from calorifiers in the boiler-house to all buildings.

Heating generally—excepting to the staff quarters, stores and recreation hall, where radiators are used—is by heating panels on the walls supplied with hot water on a separate circulation pumped from boilers in the boiler-house.

Electricity is obtained from the mains of the North Metropolitan Electric Power Supply Company.

Sewage is discharged to sewage disposal works on the north of the estate, the effluent therefrom discharging to the River Colne. These works and the water supply are joint services to both the hospital and the colony.

Patients began to be received on January 1st, 1934 ; and since that date there have been received—direct admissions 85 males and 140 females, and as transfers from other mental hospitals 198 and 507 respectively, a total of 930. Direct admissions are received at Shenley only from the Central and Willesden areas of Middlesex ; and, of those 225 cases, 52 (in about equal number as to sex)—that is 23 per cent.—were received direct from their own homes, a proportion which, now that simple procedures—such as that required for voluntary or temporary treatment and by urgency order—are available, we hope in due course will be much increased. While, so far, only three temporary patients had been received, 59, or 26 per cent. of the direct admissions were admitted as voluntary patients : as things are, by no means an unsatisfactory proportion ; though here again, it is one which we hope and do not doubt will be considerably bigger as time goes on.

There were on the statutory books at the time of our visit the names of 792 patients : 239 men and 553 women ; all of whom, with the exception of one man absent on trial, were in residence. As to status, 36 of them were voluntary and three temporary patients, the rest being under Order. As to class, there were only 15 (4 men and 11 women) here as private patients ; for these a charge of £2 0s. 3d. a week is made. For rate-aided patients, the weekly maintenance cost as ascertained during September quarter was £1 11s. 10·6d. a head.

As to the other customary statistics relating to patients, no good purpose would be served by any commentary upon them at this stage in the hospital's development. We may note, however, that in 31 instances—that is, in the very good proportion of 81 per cent. of the deaths—a post-mortem examination has been made ; also that, with the exception of a case due to injuries self-inflicted before admission—in which, as well as in one other case, an inquest was held—all the deaths were from natural causes. The mortuary, which we visited, struck us as well planned and, with its cold chamber containing twelve compartments, as likely to prove very efficient ; it has a particularly nice viewing-room, with panelled apse.

The only cases of tuberculosis were six men received under an arrangement to take Napsbury's male tuberculosis cases, and the case of one woman. They were all housed in one of the pair of sanatoria, each of which has beds for 12 patients besides an excellent verandah ; here, these patients get open-air treatment in bed by night as well as by day. In this connection, and to protect the beds in case of driving rain, we noticed some well-made and well-fitting mackintosh slips, evidently of useful pattern. The other sanatorium had been for some months on loan to the colony ; this arrangement had just come to an end, and the unit was for the time empty.

Besides the case of injury mentioned in connection with the deaths, there had been 11 other cases ; one was an unusual event, punctured wounds to the chest self-inflicted by a male patient while in an occupation-therapy class ; two were severe cases of laceration, one self-inflicted on the scalp, the other due to a blow on the mouth from a fellow patient ; the others were cases of fracture of a bone, one present on admission, one due to interference by another patient, the others occasioned by accidental falls.

Occupation therapy, we were particularly glad to notice, is being developed in real earnest. Apart from separate classes for recent cases in the admission hospital, and while it is proposed that mostly every ward shall have its own class, by way of a start it for the most part has been centralized in a ward on each side ; there, classes are held morning and afternoon by members of the nursing staff, male and female, trained in this work, the whole being supervised and further taught on alternate days, three days on the men's side and three on the women's side, by the Occupation Officer, Miss Sunderland, who was appointed here from Cardiff.

A central library, we are glad to know, is in process of being organized ; in this important amenity, the help of the British Red Cross Library Association has been enlisted. We have confidence that this arrangement will be supplemented by a liberal supply of books in each ward.

To the post of Matron, Miss B. Tweddle (from Napsbury) was appointed.

To assist her she has a deputy, a sister-tutor and a home-sister, and a sister in charge by night ; all these are fully trained in general as well as in mental nursing ; the sisters at the admission unit and sick-wards also have a full training in general nursing. All this is a highly satisfactory statement to be able to make ; for, not only does it tend to individual efficiency, but also to attract a higher type of aspirant to the probationary rank ; as also does the semi-collegiate life offered by the kind of home that has been provided, including the fact that staff meals are cooked and served in it. To the post of Chief Male Nurse, Mr. E. Paterson has been appointed, with a deputy and two assistants. Some 27 per cent. of the women nurses are certificated or registered in mental nursing : none of them, as yet, is employed in the male wards. Of the men, the corresponding percentage is 60.

To the position of Clerk and Steward, Mr. Harold Hall has been appointed. It seemed to us everywhere apparent that this department, the efficiency of which means so much to both patients and staff, is responding well to the demand made on it. Close thought, evidently, has been given to the equipment of the whole hospital ; and while regard has been had to durability as well as to comfort, the total effect is most pleasing. We noticed, for instance, the leather (which, incidentally, is more sanitary) instead of cloth on the settees and chairs. With respect to the patients' clothing, both the men's and the women's, good care and taste has been displayed. We were very glad to see this ; because, whilst maintenance of this standard need not be costly, its value in mental uplift and in promoting self-respect is immense. Great pains, too, we could see, are being taken to keep the dietary free from monotony and of good standard.

The duties of Chaplain have been undertaken by the Rector of Shenley (the Rev. Canon F. Halsey, M.A.) and the Rev. McF. Harley has been acting as Congregational Minister.

To fill the post of Superintendent, the Committee promoted Dr. George William Shore, O.B.E. (M.D. Lond., M.R.C.S., L.R.C.P., D.P.M., D.P.H.), who, at the time, was a senior medical officer at Springfield Hospital. He had been a member of its medical staff for eleven years and had had valuable previous general hospital experience while holding several resident posts at King's College Hospital. He took up his duties at Shenley on August 31st, 1933. We tender him congratulations both upon the attainment of a post which offers exceptional opportunities for the development of advanced methods in the treatment of mental illness, and upon the ideals he has set before himself, in the fulfilment of which we wish him and all those assisting him every success. At the same time we should like to congratulate the Committee upon a great achievement : the provision of a mental hospital which, while conceived upon modern lines and planned to include every facility of accepted value, possesses distinctive features of its own which is likely to prove a landmark in mental hospital construction.

#### MONMOUTHSHIRE MENTAL HOSPITAL.

*February 20th, 1934.*

The overcrowding at this hospital is now a very serious problem, having increased considerably during the last 12 months. There is now a deficiency of day space for 83 men and 43 women, and of night space for 53 men and 54 women ; the corresponding figures for night space at our colleagues' visit last year were 50 and 28. For this reason we were

glad to hear that progress was being made in the settling of the plans for the new admission hospital and the 2 convalescent villas on the site of Maindiff Court. This new accommodation would not by any means, however, cure the overcrowding, since the total of beds proposed is 120.

The solution of the problem appears to be one of some difficulty, and it would seem that little can be done until proper provision for mental defectives is made in the county. During the course of our visit we have seen a large number of patients who could be certified under the Mental Deficiency Acts and thus accommodated in institutions more suited to their needs instead of occupying valuable beds in a mental hospital which is seriously overcrowded. Amongst these defectives we noticed a number (about 40) of young defectives whose removal is very definitely desirable in their own interests. We were sorry to find that our colleagues' suggestion of last year in regard to the provision of training for these young defectives, while they remain here, had not yet been acted upon.

To-day there are resident in the hospital 681 men and 613 women, 9 of the former and 6 of the latter being voluntary patients. Fifty-six men and 31 women are shown as private patients, of whom 41 are service or ex-service patients. Out-county patients number 35 (all females), chargeable to the London County Council. No temporary patient is at present in residence.

During the year 1933 the total number of voluntary patients admitted was 23, as against a figure of admissions for the year, in all categories, of 239, i.e., approximately 10 per cent. This is a welcome increase on the figure of 8 for the voluntary admissions in 1932 but is still somewhat low in comparison with those of the average mental hospital. Up to date this year the only voluntary patient admitted has been one woman. There were no admissions on a temporary basis in 1933, nor has a patient yet been received in that category this year.

We cannot help feeling that some further action should be taken in an endeavour to bring to the notice of the local practitioners and other persons responsible for the initiation of treatment for mental illness in the district the facilities for early treatment available under the Mental Treatment Act. We are aware that steps were taken to this end by Dr. Phillips at the time of the coming into force of the Act, but would like consideration given to the question whether further steps may not now be desirable.

The out-patient clinic conducted by Dr. Phillips, in conjunction with Dr. Mackay of Newport Mental Hospital, continues to do good work. During the year 1933, 65 new cases attended the clinic, the number of attendances in the year totalling 195. These figures compare with 86 and 155, respectively, for the year 1932. Sessions are held fortnightly.

We found the patients generally orderly and free from complaints other than those obviously due to their mental disorder. In the main they gave the impression of being contented with their surroundings. They appeared to be well provided for in the matter of books, indoor games and associated entertainments. Wireless is to be found in all the female wards and its installation throughout the male side is nearing completion. The sound film apparatus installed last year has proved a great success. We were glad to hear that a number of the younger patients were encouraged to take part, and do take part, in outdoor games such as cricket and football.

The dayrooms, dormitories and galleries were in good order and the beds and bedding well kept and scrupulously clean. Night-shirts have not yet been provided for the men but we are assured that there will not be further delay in the matter. The cloakrooms and store cupboards are very congested; we think, however, that a supply of coathangers on a rail in some of the better conducted women's wards, if not elsewhere, would make for economy both in space and in the life of the patients' coats, etc.

Visiting the laundry we noticed that the cover of one of the hydro-extractors could be opened while the machine was in motion, owing to the protective guard in the centre being faulty. This machine appeared to be in the charge of a patient, and the guard should be put right as soon as possible.

Improvements since the last visit include the installation of thoroughly efficient electric plate warmers in the pantries of the wards where patients dine in lieu of going to the general dining room, and the conversion of a nurses' mess room on the male side into a dormitory giving accommodation for 6 beds. A good deal of redecoration has been carried out and at present the plastering of 2 male and 2 female single rooms and the repainting of the kitchen is in progress.

We were sorry to find that little progress has been made in the organization of occupational treatment for the patients. From the figures supplied to our board relating to 1933 we note that the weekly average number of patients employed during the year was 354 for the male and 336 for the female side, giving percentages in relation to the total population for each sex, of 53 and 56 respectively. We observe, however, that of these numbers 58 per cent. of the men and over 48 per cent. of the women are shown as doing ward work only. There can be no question, therefore, that there is great scope for occupational treatment here. We realize that any scheme for occupational treatment requires careful organization and that Dr. Phillips' time is much taken up with other matters of importance at present. We should like consideration given to the appointment of an occupation officer whose first duties would be to assist in the organization of the work and train the nurses therein. If any difficulty is found in selecting such an officer we have no doubt our board would be ready to give all possible assistance in the matter. We understand that the plans for the new admission hospital include accommodation for occupational treatment of both sexes.

We now pass on to consider the health of the hospital and to discuss in the first place the incidence of dysentery, which has become endemic. Our colleagues who visited this hospital in July, 1933, made clear reference to the presence of this disease in their report; since then it has not only continued but increased. No fewer than 52 cases have occurred and there have been 8 deaths.

On this occasion, then, we have no hesitation in expressing our opinion that the matter is one of urgency and that further temporizing must not be tolerated. We discussed the subject very fully with Dr. Phillips, whom we found in complete agreement with us. The difficulties in dealing with the disease in this overcrowded and somewhat antiquated hospital are great but not insuperable. We therefore outline the suggestions we have to make and which we think should be carried out as far as practicable immediately.

(1) Segregation of infective patients should be provided. The detached residences Prospect Cottage and Skyrriidd Cottage, accommodate 17 and 11 patients respectively. They should be used exclusively for all cases of dysentery, one for males and one for females.

(2) The examination of the patients of the hospital in progress at present, should be continued and if possible expedited. As this is a lengthy and tedious procedure, extra expert medical assistance should be sought if, after deliberate consideration, this is found necessary.

(3) Certain details in the advancement of personal hygiene should be introduced, viz., each patient should have her own face-flannel, his or her own towel where practicable. Racks should be installed in the sanitary annexes where tooth-brushes may be kept, and provision should be made for the separate keeping of face-flannels and other toilet requisites—bags are useful for the purpose. A separate towel should be used for each patient who is bathed.

(4) The dishes or tins in which food is carried from the kitchen to the dining-room and to the wards should have handles or covers so that the hands of the patients

carrying them may not come into contact with the food as so obviously happens at present.

(5) A suitable wash basin for kitchen workers and those preparing vegetables should be installed, and supervision should be exercised to ensure that those workers, particularly if making use of the w.c.'s there, avail themselves of the facilities thus provided for keeping their hands clean.

(6) Those employed in handling infected linen should be able to rinse their hands in antiseptic solution after contact with either the linen or the bins. The existing condition under which the bin for receiving infected linen is stowed in the bathroom or some place in common use is undesirable and it is difficult to see how it can be remedied. Segregation of the infected patients should remove the existing disability as proper arrangement could be made in the cottages, the bins being kept out of doors.

(7) An earth closet should replace the existing nondescript closet at the farm, and lavatory basins for those milking or handling milk should be installed in the dairy.

(8) Every precaution should be taken to ensure the co-operation of all members of the nursing staff in detecting fresh cases of the disease so that they may be segregated immediately. Suspicious cases should be treated with the same precaution.

(9) Should a fresh case arise immediate steps should be taken by examination of contacts to ascertain its origin.

(10) Every possible preventive measure should be taken until the disease is completely eradicated. There should be no relaxation until this has been accomplished as experience has shown it can be.

We note that except in the admission wards there is no ready supply of hot water for washing. It is customary nowadays in mental hospitals to provide hot as well as cold water to lavatory basins. When opportunity arises we hope that this hospital may be brought up to date in this respect.

Further considering the health of the hospital, we are pleased to note that for the year 1933 the mortality rate was the relatively low one of 5.1 per centum. Deaths numbered 47 since last visit, and post-mortem examination was made in 94.4 per cent. of these deaths. A percentage which it is highly gratifying to record.

The causes of death in order of frequency were: dysentery and heart disease, each of which caused 8 deaths; pneumonia was responsible for 6 and general paralysis for 5. Exhaustion due to mental state accounted for 4. Malignant disease and tuberculosis cases caused 3 deaths. The other causes of death do not call for special mention. At present there are 19 patients suffering from tuberculosis.

Only one inquest has been held, death being due to the suicidal act of a patient who precipitated himself under a motor bus while out with a walking party.

Since last visit there have been 6 serious but not fatal casualties. Accidental fall was the cause in 4 cases, and in the other 2 the injury was caused by the action of another patient.

The hospital is provided with a very useful laboratory, a very useful X-ray room and there is a continuous bath on each side.

Malarial therapy is carried out in an efficient manner.

In general we are able to speak highly of the care and attention which is devoted to the welfare of the patients under somewhat difficult conditions. Parole is granted on a liberal scale and it was evident to us that by this and other means great efforts are made to render the lives of the patients as happy and comfortable as circumstances permit.

We are much indebted to Dr. Phillips and his staff for the excellent arrangements made for us during our visit.

#### NORFOLK COUNTY MENTAL HOSPITAL.

October 11th, 1934.

During our tour of inspection of this hospital on behalf of our Board, we have been accompanied by Dr. Livesay—Dr. Connell being away—and Dr. McCulley, who gave us all the information we required concerning various points as they arose.

We believe that we have seen all of the 1,106 patients—421 males and 685 females—in residence, all of whom appeared to us to be in receipt of excellent care and attention from both the medical and nursing staffs; indeed the spontaneous expressions of gratitude were more numerous than usual.

We gave five private interviews recorded elsewhere, but otherwise the few complaints made to us were only such as the mental states of those patients would determine.

Both male and female patients are well clothed and tidy, but when visiting ward 16 we noticed the absence of adequate drying rooms for the clothing of male patients working out of doors. We discussed the matter with Dr. McCulley and think such arrangements would not be difficult to effect.

During our inspection of the premises, which we found in good order and very comfortable, we drew Dr. Livesay's attention to the possibility of patients climbing over low partitions separating their own sanitary conveniences from the locked compartments reserved for staff use and suggested that these should be safeguarded by partitions carried up to the ceilings.

We were interested in a device on the female side to prevent closure of windows at night; the dormitory windows are provided with a piece of wood about 4 in. long by  $1\frac{1}{2}$  in. wide fastened to the top frames, which ensures ventilation at all times.

In ward 15 (female) we think that further ventilation could be secured by making the top windows to open inwards; at present they cannot be opened at all on account of the verandah.

The two single roller calenders in the laundry should be guarded by wire guards attached above the safety bars as indicated to Dr. Livesay so as to prevent hands being inserted behind the bars and injured in trying to disentangle clothing—many such accidents have happened. Also an iron rail round the ironing stove is necessary to prevent patients' clothing from catching fire.

We were glad to see the advances being made in occupation therapy. A crafts room has been provided on the female side from the old lecture room and here some 280 patients are under instruction in batches of 50 to 80 in charge of an occupation officer, aided by 2 or 3 assistants and nurses accompanying the patients who work with them and thus receive the necessary instruction to form ward classes, some of which we saw in session. The work in progress appeared to us to be of real therapeutic value and many patients expressed their appreciation of the benefits derived. There are now 5 female nurses trained in occupation therapy. On the male side occupation therapy, though not so developed, is making progress. A new permanent building erected by staff labour with home-made breeze bricks is nearing completion; this will provide additional trades shops and also room for crafts of various kinds.

We understand that a canteen is contemplated and that patients' friends may, in the near future, be able to purchase light refreshment when visiting.

A good female library is in existence, and though the stock of books on the ward book-shelves is not such as we are accustomed to see in mental hospitals, patients have the privilege of visiting the central library and selecting books whenever they wish: a similar library has been formed on the male side and is to be extended.

Enquiring about the storage of X-ray films, we learned that these are not kept in accordance with the Board's suggestion—this matter will have attention.

From statistics provided for us there is overcrowding on the female side by 58 by day and 54 by night, an increase on the previous return, and indeed the shortage of accommodation for female patients is becoming more marked year by year, a matter which must give cause for anxiety

for the future. We hope the committee will give consideration to this matter.

Since January 1st this year 187 patients have been admitted—74 males and 113 females—of whom 16 of the former and 20 of the latter were voluntary patients and 1 woman was admitted as a temporary patient, the first patient to be admitted under Section 5 of the Mental Treatment Act. Twenty-six male and 38 female patients have been allowed out on trial during the same period, three being still on probation. No patients are boarded out under Section 57 L.A., 1890, but use is made of Section 25 of the same Act.

The weekly maintenance rate as returned to us is 2ls. 7d. per week for home patients and the average weekly cost as last ascertained is 20s. 10½d.

Parole beyond the grounds is granted to 34 men and 128 women and 23 and 119 respectively have freedom within the estate.

Three wards on the male and one on the female side are administered on the open principle.

The mortality rate for the year ending 31st December, 1933, was 5·8 per cent. (7·5 per cent. males and 4·8 per cent. females), which is considerably less than that of 7·2 per cent., the average for all mental hospitals in England and Wales, the principal difference being that relating to the females.

Since last visit there have been 59 deaths and in only 16 cases were post-mortem examinations held. We consider this a small number, but understand that there is great difficulty in getting necessary permission.

The main causes of death were : heart disease 21, pneumonia 9, cancer 7 and general paralysis 1.

During the period under review—13 months—the general health of the patients has been very good. There has been no epidemic or zymotic diseases with the exception of one case of erysipelas on the female side—whilst on the female staff side there were 2 cases of diphtheria and one of para-typhoid B. It was a pleasure to note the entire absence of any cases of enteric fever or dysentery amongst the patients and at our visit there were only 2 cases of active tuberculosis, both men, who are receiving open-air treatment under excellent conditions.

There were 60 females in bed during the forenoon, many of whom were getting up after dinner.

We were interested to hear how much the older women's health was improved by their having a rest day in bed once a week. The scheme by which any patient who is losing weight is transferred when possible to one of the verandahs gives excellent results.

The dental requirements of the patients are well attended to.

Since last visit there have been 9 serious but non-fatal accidents—7 fractures, 1 dislocation and 1 self-inflicted wound. Except the latter all were of an accidental nature.

There was one inquest in a case following an accidental fall, the circumstances of which have been reported to our Board.

During our tour we made special enquiries regarding the systematic cleansing of sanitary annexes and we think that more precise staff directions are necessary, particularly regarding the cleansing of walls and doors and also the strength of disinfectant to be used as the ideas of staff on this point varied very much. We think that the tins of disinfectant issued from the dispensary should have directions for use plainly written on them.

Good work is being carried out in the pathological laboratory and we were interested to hear of a special research regarding the culture of tubercle bacilli in cases of disseminated sclerosis, dementia præcox and other types of mental diseases and we hope that any results obtained will be communicated to our Board.

The nursing staff consists of:—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	8	12	20
Ordinary	...	...	...	...	...	...	57	75	132
Night	...	...	...	...	...	...	10	17	27

Three female nurses are employed on the male side in ward 16, with excellent results.

Forty-seven male and 37 female nurses are certificated, or registered as mental nurses, whilst 14 male and 9 female nurses have passed the preliminary examination.

#### NORTHAMPTON COUNTY MENTAL HOSPITAL.

*February 23rd, 1934.*

We have to-day visited this hospital and we are glad to report that we have found it well maintained and administered and the patients in receipt of kindly care and excellent medical and nursing attention.

The patients were very friendly and in some wards very talkative and very free from complaints except on the subject of their detention.

The dayrooms and dormitories were clean and well kept and the sanitary annexes were very clean and well aired. We were sorry to find that although many wards are supplied with good plate warmers, little or no attempt had been made to warm the plates and the excuse given to us in one place that there was a danger of the patients burning their hand did not, in our opinion, justify the plates being stone cold. In the home there are two stoves which we think should be guarded in case of accidents, and we think that the type of rail used in the main building for guarding similar stoves would be quite sufficient.

We examined carefully the new guard in the ward where the most difficult women are housed and think that it is quite satisfactory. It is a fixed guard with a good size door for refuelling, which is closed with a padlock. There is a second fireplace in this ward which should be similarly dealt with as soon as possible and all other fireplaces where unreliable patients are, should be dealt with in like manner.

We examined some of the clothing and underclothing of the patients and believe it to be of good and modern pattern. The women's overcoats were very smart, many with fur collars and we suggest that more rods and hangers should be supplied for the coats. We should like to see more books in the shelves and to know that they are changed rather more often than is now the case.

Since the last visit on January 6th last year the reconstruction of the drainage system has been nearly completed, the sanitary spurs to C.D. and D.S. wards have been tiled throughout and fitted with new lavatory basins with hot and cold water and new w.c. pans, etc.

A very important work in progress is the erection of a new admission block and a male convalescent villa, both of which will add to the usefulness and amenities of the hospital. Besides these important matters the interior redecoration of the main hospital is being proceeded with. The committee have in contemplation the building of a new nurses' home and a new arrangement as to the sewage disposal by discharge into the borough mains.

The present nursing staff of the hospital is as follows:—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	7	11	18
Ordinary	...	...	...	...	...	...	46	58	104
Night	...	...	...	...	...	...	8	13	21

Forty-six men and 19 women are registered or certificated as mental nurses and 12 and 24 respectively have passed the preliminary examination.

During 1933 there were 141 admissions, 3 patients were transferred to other care, 81 left or were discharged (18 upon recovery) and 104 died. Sixteen patients were allowed out on trial to test their fitness for discharge but money allowances were granted in two cases only. We hope that the section of the Lunacy Act which allows these grants will be used in all suitable cases as freedom from acute financial trouble while away on trial is essential if the patient is to get full advantage of the trial.

There are now on the statutory books the names of 460 men and 550 women, a total of 1,010. Of these 60 are in the private class, including 49 service and ex-service patients. Five patients are in the voluntary class, but so far there have been no temporary patients here.

There seems to have been some improvement on the male side since the last visit in regard to overcrowding, the figures given to us to-day showing a deficiency of accommodation on the male side of 3 and 1 by day and night respectively, and on the female side of 41 and 38 respectively.

The weekly maintenance charge for home patients is 17s. 9d., and for private patients within the county 28s. 3d., and outside the county 38s. 9d. The average weekly cost, as last ascertained, was 17s. 0·9d.

The high mortality rates for 1933, 11·9 per cent. for male and 8·4 per cent. for female patients, is explained by the outbreak of enteric fever with many deaths. Since the last visit, in January of last year, 116 deaths have occurred in the proportion of 64 males to 52 females. The chief causes were enteric fever (22 males and 7 females), heart disease, which includes the circulatory degeneration of senility, accounted for 17 males and 18 females, and pneumonia caused the deaths of 11 male and 7 female patients: also tuberculosis has carried off 5 men and 3 women, 2 men have died from general paralysis of the insane, and one woman developed cerebro-spinal fever, from which she died.

The cause of death was verified in 55 per cent. of the cases, a rather low figure, due in large measure to the rush of work during the enteric epidemic. Three male and 1 female patients were found to have bed sores at the time of death.

One inquest was held, during the period under review, on a woman whose clothing caught fire accidentally under circumstances already reported to our Board.

There are 12 patients returned to us as suffering from tuberculosis—4 men and 8 women; the men are suitably nursed on the verandah attached to their sick ward, but the women have no such accommodation at present, though arrangements for them are as satisfactory as conditions will allow.

The outbreak of enteric fever at this hospital has caused considerable anxiety to the medical staff and still continues to engage their unremitting attention. All the patients and staff have now been inoculated and examinations of excreta of affected patients are carried out in the hospital laboratory by Dr. Hayes.

A female nurse who developed the disease this month is the only patient in the hospital who is not convalescent; she is in the isolation block, where 13 women who have recently had the disease are still under observation.

The others known to have had enteric recently or to be carriers are most carefully segregated in sections of two wards separated by locked doors, one on each wing of the main building. These sections are quite self-contained and the airing courts have also been so wired off as to make it impossible for contact with other patients to occur, also each ward has its own incinerator.

Scarlet fever was introduced in January of last year, and during the following 3 months 12 men and 17 women, as well as 2 male and 3 female nurses, developed this disease; also 4 male and 1 female patients developed chicken-pox in November, and a case of cerebro-spinal fever developed in a female patient last month and proved fatal. Where the last infection

came from is uncertain—she was a fairly recent admission who had been suffering from septic conditions present on admission. Erysipelas has also been rather more prevalent than is usual, 2 males and 9 females having been affected.

The infectious troubles from which this hospital has suffered during the period covered by this report have been heavy, but the committee are to be congratulated on the manner in which the medical staff has dealt with a very difficult period which we hope has now come to an end and also on the fact that dysentery is unknown here.

From enquiries we are glad to learn that monthly samples of water from the hospital wells after chlorination are proving uniformly satisfactory and that arrangements for conveying sewage direct to main sewers are well on the way to completion.

Many sick patients expressed their appreciation of the care and attention given them, and we can thoroughly endorse their testimony.

The clinic at the general hospital continues to do very useful work and Dr. Hayes tells us that it is well attended ; a social worker is attached to the clinic.

Going through the laundry we paid special attention to the treatment of fouled clothing. The process appears to be satisfactory, but we suggest that tongs should be used wherever handling becomes necessary, that the boiling should be for a definite period and that from time to time the effectiveness of sterilization should be proved by the examination of the effluent from the hydro extractor. We also consulted with Dr. Stuart as to the advisability of further guarding of the old single roller calender.

In the kitchen we were not quite satisfied that arrangements for ensuring the washing of hands following visits to the sanitary annexe were sufficiently strictly enforced, but we realize the difficulties, the annexes being upstairs, though there is a washbasin near the kitchen.

We were interested to hear that a circulating library has been started for those patients who are fond of reading. Books are bought for this library and in time are absorbed into the patients' library. At the beginning about 60 patients joined, but the number has now fallen to about 30.

We regret very much the absence of occupation therapy at this hospital which we have seen at similar hospitals to have such a beneficial effect on the behaviour of chronic patients as well as aiding the recoverable cases. We discussed the matter with Dr. Stuart, who has promised to try the effect on a group of his more chronic unemployables—we wish him every success, which we know only patience will achieve.

Dr. Stuart, who accompanied us all round the hospital, has to assist him Dr. Hayes, deputy medical superintendent, and Drs. Reed and Smith.

#### NORTHUMBERLAND MENTAL HOSPITAL.

*September 20th, 1934.*

We have spent yesterday and to-day in our annual inspection of this hospital and have been impressed with the good order prevailing.

A number of useful alterations and improvements have been carried out since the last visit, foremost among which may be mentioned, the extension of the internal telephone system, the removal of a wall in male ward 2 whereby the dayroom accommodation has been improved and supervision facilitated, and the conversion of the isolation hospital into female ward 8 to accommodate 32 female patients. The patients in this building, a semi-temporary structure, appeared to be comfortably situated.

On the first day of our visit there were on the books of the hospital 899 patients, of whom 2 men are at present on trial, leaving 897 patients in residence, in the proportion of 509 men to 388 women. One of the men and four of the women are voluntary patients, but there is no patient at present in residence on a temporary basis. Out-county patients number

33 (31 men and 2 women), 30 of whom (all males) are chargeable to the county borough of West Hartlepool.

During the year 1933, 5 patients entered the hospital on a voluntary basis and 3 temporary patients were received. The corresponding figures for this year up to date are 3 and 5. The percentage of voluntary patients in relation to direct admissions disclosed by these figures (well under 3 per cent.) is very small and we cannot help feeling that further attempts could advantageously be made to draw the attention of the local medical practitioners and relieving officers to the provisions of the Mental Treatment Act relative to voluntary and temporary treatment. We should like to know that the appropriate committee of the County Council were considering the issue of instructions to the Relieving Officers with a view to ensuring that each patient's case with which they were called on to deal is considered from a Mental Treatment Act standpoint and that the requisite forms are always easily available.

The wards and dormitories generally were in good decorative condition and beautifully clean. We were particularly pleased with the condition of the sanitary annexes and the arrangements for cleansing them. The cloakrooms also were in excellent order and we were glad to see that coat-hangers had been provided in some of the female wards and that arrangements for providing them throughout the hospital were in progress. The day-rooms were well supplied with flowers and plants and there appeared to be a good supply of indoor games for the amusement of the patients.

Inquiring into the library arrangements we found that the hospital was mainly dependent for a supply of books upon the parcels sent by the Red Cross Society and gifts from friends of the hospital. Many of the books in the shelves appeared of an uninteresting type and somewhat out of date. Perhaps the committee would consider the allocation of a definite sum per annum for the purchase of modern books and also an increase in the supply of periodicals. Our inquiries lead us to believe that provision of the above nature would be much appreciated by many of the patients.

The patients were neatly dressed and in general seemed a happy community. We were glad to observe the good relationship existing between the patients and the nursing staff and are satisfied that the former are kindly and considerately treated. The whole staff of the hospital appeared to pull together as a good team.

We regret to note that in the cases of the 39 patients (32 men and 7 women) sent out on trial during 1933 no money allowances were granted. having regard to the difficult financial conditions at present prevailing in the county we cannot doubt that in some of these cases monetary assistance would have been a benefit and we hope that the committee will give further consideration to this question.

We have discussed with Dr. East the question of the provision of out-patient clinics. While it appears that the majority of the admissions to the hospital come from the Tyneside district, which is served to some extent by the out-patient clinic conducted by Dr. MacPhail at the Royal Victoria Infirmary, Newcastle-on-Tyne, we gather that there is a population of about 75,000 between this hospital and the coast, centring mainly in Blyth and Ashington. In the circumstances we suggest that consideration might be given to the establishment of an out-patient clinic in that area, which might possibly be most conveniently situated at Blyth. We understand that there is no general hospital in the area which would be suitable for the purpose ; perhaps the utilization of the premises of some welfare centre could be arranged.

During our tour of the wards we noticed a number of patients whose dental state required attention and also some for whom dentures appeared desirable. We understand that the dentist pays a half-day visit to the hospital once a fortnight, so that dental treatment for the patients in

each division is only available once a month. Our observations lead us to think that the amount of dental treatment thus provided is insufficient and we hope that the committee will give serious consideration to its increase. With regard to edentulous patients, we were surprised to learn that no assistance is given to selected patients in procuring dentures by the hospital.

The death rate per 1,000 patients resident for 1933 was 111, compared with 72 as the average for all public mental hospitals. Among the women the rate is 124, compared with 69 for the women in all mental hospitals. One reason why the women's rate exceeds the men's may lie in the fact that during 1933, 24 of the women's admissions were aged over 60, compared with 17 on the men's side.

Since the last visit there have been 131 deaths (60 men and 71 women), about 30 per cent. of which were the subject of subsequent examination. Organic physical degenerative processes take a prominent part in the causes of death, e.g., senile decay 25, general paralysis 22, organic disease of the brain 13, heart disease 12. Three men and 9 women died of exhaustion following mania or melancholia. Ten men and 8 women died of tuberculosis; the death rate for this disease in 1933 was 19.7 per 1,000 patients resident. While on the women's side the wards in which the tuberculous patients lived at the time of the onset of their illness have been various, on the men's side the majority of recent cases appear to have become obvious during the patient's residence in ward II. It is therefore desirable that effective treatment of this ward's dormitories by disinfectant should be undertaken and that the window ventilation here and elsewhere should be improved. Another necessary measure for dealing with this problem is the segregation of active cases; some are at present nursed on the open verandah where, on the men's side they can remain at night, but those who, for various reasons, cannot be in verandah wards are nursed indoors with the other sick. Owing to the restricted situation of the buildings and the existence of a public right of way, the possibilities of erecting suitable accommodation for the care and proper isolation of tuberculous patients are few, but we hope it will not be long before this important need is met.

No deaths have occurred from intestinal infections, but 2 patients were attacked by enteric fever last year in women's wards II and III, and at present 2 others are also on caution cards, having had the disease in the past, one of whom was found to be still a carrier when the last bacteriological examination was made, in 1933; she is old and is confined to bed. By way of safeguarding the patients from this infection, inoculation with t.a.b. vaccine has been carried out throughout this side of the hospital, save for 18 newer patients and 2 of the staff. On the men's side some 40 patients are known to have had dysentery, 24 of whom live in ward VII, while 6 other wards contain a few such patients. In determining which of these patients are really a source of infection, the hospital is seriously handicapped by the lack of a laboratory. This lack is similarly a hindrance to the use of malaria in the treatment of general paralysis, which is not undertaken here; it might be arranged, however, that this treatment be carried out at a hospital where facilities exist therefore.

Only two major accidents have occurred in the last 18 months—one woman fractured a humerus by falling down and a man fractured a clavicle by falling when playing football. No inquests have been held. This slender record of accidents reflects great credit on the care of the patients.

There is only one medical officer for the male side with over 500 patients; the women's side, with nearly 400 patients, is similarly situated. Quite apart from the developments which it will fall to the hospital to promote, it is clear that the treatment and care of so many patients constitutes far too considerable a task for so small a staff. In this connection, moreover, there are these further considerations;—

1. The treatment of a new group of patients admitted at their own request will involve a thorough exploration of the individual's illness and its various factors.

2. The pressing needs of laboratory investigation as an aid to diagnosis and treatment are almost entirely set aside here, no laboratory having been equipped.

3. The establishment of even one out-patient clinic in the thickly-populated district between Morpeth and the coast will make a heavy call on the time of the medical staff.

For these reasons we trust that the appointment of an additional medical officer will receive the serious attention of the committee of visitors.

We are informed that when an X-ray examination is called for, the patient has to be taken to Newcastle, a journey which, in some cases where X-ray help is needed, will of necessity be detrimental to the patient. We hope, therefore, that the installation of apparatus within the hospital will be considered in the near future.

The post-mortem room is not supplied with hot water beyond the small quantity obtainable from a small kitchen grate, nor is any other provision made for the warming of these quarters in the winter, when this important work is carried out under very adverse conditions.

A few idiot and imbecile boys are nursed in the male reception ward, where they are given very careful attention and are less likely than in other wards to get in the way of adult patients and be injured. It would be much better, however, for the new patients entering this ward if these boys could be accommodated in an institution for mentally defective children.

In spite of the opening of the temporary building, formerly the isolation hospital, for 32 women, there is still overcrowding by day on this side of 32, although the night space shows 10 vacancies. On the male side there is a deficiency of day space for 16, though the night space shows 33 vacant beds. The existence of a high incidence of tuberculosis over a considerable time, points to the need for improved ward space. These facts, taken in conjunction with the desirability of suitable and congenial quarters for voluntary and other patients, together with means for giving them the advantages of modern medicine lead us to recommend the provision of additional accommodation in the form of an admission hospital.

The nursing staff consists of 79 on the male side and 75 on the women's, of whom 12 on each side are night nurses. The ratio of day staff to patients is 1 to 15.6, a much higher number of patients to one nurse than the average. The night staff ratio is a little lower than the average. Although the male staff contains a lower than average percentage of nurses having over 5 years' service, it is gratifying to note that the percentage of them who hold the nursing certificate is as high as 70. On the female side, at 43 per cent., it is also well above the average.

Dr. East continues to have the assistance of Drs. R. Illingworth and T. Chapman.

#### NOTTINGHAM COUNTY MENTAL HOSPITAL.

*October 19th, 1934.*

During the year 1933 there were 171 admissions at this hospital, including 1 temporary and 7 voluntary patients: 14 patients were transferred to other care, 73 were discharged or left, of whom 36 had recovered, 51 were allowed out on trial to test their fitness for discharge (money allowances being granted in 20 cases) and 68 died.

There are now on the statutory books the names of 799 patients, 352 men and 447 women, of whom 6 men and 7 women are voluntary patients. At the time of our visit 3 patients were on leave or trial, leaving actually in residence 796. There are only 4 out-county patients.

The accommodation on the male side is exceeded by 37 by day and 36 by night and on the female side by 7 by day and 1 by night.

The weekly maintenance charge per head is 18s. 1d. for home and 24s. 6d. to £2 2s. 0d. for private patients, the average weekly maintenance cost per head as last ascertained being 18s. 1·2d.

Sixteen men and 2 women have parole beyond and 37 men within the estate boundaries and 90 women have limited parole within the estate.

The nursing staff consists of the following :—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	9	13	22
Ordinary	...	...	...	...	...	...	33	40	73
Night ...	...	...	...	...	...	...	6	9	15

Thirty-five men and 30 women are certificated or registered as mental nurses and five men and 9 women have passed the preliminary examination.

In going round the hospital we found that it was very well maintained and the wards and dormitories were well aired, clean, bright and comfortable. There was a capital supply of books in the shelves, the general rule being to keep 50 volumes in the shelves and to change them every month. We were glad to see cages of canaries in many of the wards.

In the male admission ward the doors on to the verandah have been somewhat damaged through their being too small for a bed to be taken through easily and Dr. Waldo suggested to us that a door might easily be made from the dormitory straight on to the verandah in place of an existing window. Apart from any technical building objections that there may be, this seemed to us to be an easy and good way out of the difficulty.

If it is found necessary to keep poisons in the medicine cupboards in the wards we are of opinion that they should be kept under double lock, that is to say that there should be a door inside the cupboard which is capable of being locked. We noticed in one ward a lack of tumblers on the dinner tables and found that the stock in that ward is not nearly large enough to give a tumbler to each patient. In the kitchen the mechanical mixer as fitted up to-day had an aperture into which we could put our hands so far down as to meet the cutting knives, we were told that there was a fitment which ought to go on to the aperture and on sending for it and fitting it we found that it reduced the opening by at least half. We were told it is seldom used, we are of opinion that it should always be used.

We think that it would add to the comfort of some of the female patients if when new nightdresses are required they are made considerably longer than the present ones.

The patients were for the most part happy and contented and much is done here to entertain them ; concerts, whist drives, bowls, football, cinema shows and constant trips in the summer to the seaside. We hope the necessity of converting the cinema to a talking machine will not be lost sight of. The number of silent films is, we are told, quickly decreasing and the loss of the cinema entertainments in the hospital would be almost a disaster.

One other matter we should like to mention, and that is the lack of a canteen. A canteen pays its way in a short time and gives tremendous pleasure to both sexes and enables much to be done for the benefit of the patients.

The mortality rate for the year 1933 was 8·9 per cent. Deaths since the last visit numbered 51, males 20 and females 31. Post-mortem examinations were made in all but two of these cases. Inquests were held on 3 patients, one of them having died as the result of an injury sustained before admission. The others died from the effects of injuries caused by accidental falls. Diseases responsible for the majority of deaths were :

tuberculosis 11, pneumonia 8, senile decay 8 and general paralysis 6.

The incidence of tuberculosis is still rather large. In addition to the 12 deaths mentioned above there are 12 patients suffering from this disease at the present time. In the male sick ward we saw two active cases in beds placed in the middle of the ward and we suggest that cases of this nature should be segregated as far as possible. There is an excellent verandah attached to this ward for open-air treatment and to-day the weather was favourable for keeping patients outside, but the verandah was empty.

There have been 9 cases of serious but not fatal injuries involving fracture or dislocation of bones. These were caused by accidental falls except in two cases due to violence by other patients.

Ten patients have contracted dysentery during the past 9 months, 4 on the male side in wards 10 and 11, and 6 on the female side in wards 2 and 5. There have been no fresh cases in the wards where the patients on dysentery cards are accommodated. In ward 3, where 22 female patients who have suffered from dysentery and enteric, including 2 enteric carriers, are segregated, we found that all the laundry is passed through the disinfecter, but in the corresponding ward on the male side no special precautions of this nature are taken. We noticed that the seats of the w.c.'s are of an old pattern and must be very difficult, if not impossible, to keep properly clean and consider that these may be a source of infection and should be replaced. Every encouragement should be given to the kitchen workers to keep clean, but to-day there was no soap in the basins adjoining their lavatory.

Though the work done in the laboratory has increased considerably and is of great importance, it has not yet been found possible to carry out bacteriological tests for the detection of dysentery carriers. We earnestly hope that the necessary apparatus will be supplied. The medical staff are very much alive to the danger of these recurring cases of dysentery and are anxious to employ every means possible to eradicate the disease.

Dr. Waldo has as his deputy Dr. J. Reid and Dr. H. A. Palmer as assistant medical officer.

#### OXFORD COUNTY AND CITY MENTAL HOSPITAL

*November 15th, 1934.*

We have to-day completed the annual inspection of this hospital on behalf of our Board. Our visit has been an interesting one. The hospital continues to be run on lines which give to the patients the greatest possible amount of freedom and the absence of keys and locked doors is very remarkable and apparently very successful.

Before going into the wards we went to the kitchen and laundry. In the former we saw an excellent meal being prepared of soup and suet pudding and treacle. Whenever possible the meat for the patients is boned and cut up in the kitchen, which not only saves much time in the wards but ensures each patient getting a very much tidier and more appetizing helping. Near the kitchen there is a w.c. for the use of the patients working there, but we think that it is very important that there should be attached to the w.c. a lavatory basin with a notice to the effect that a patient after using the lavatory must not return to the kitchen without first cleansing her hands.

In the sewing room we saw some clothes being marked with the normal thick rubber stamp and marking ink. We have lately seen at some mental hospitals a female patient using a machine for marking with red cotton which not only is much neater but also saves the inevitable holes which are produced by thick lines of marking ink.

The wards were clean, well kept and comfortable, and so far as we could see all the big tables have been done away with and have been replaced by small ones to seat 4. Also, the meals are laid and served without table cloths, each patient having a raffia mat and a white doyley to cover it.

Every nurse here has to take up some form of hand work, and the result is a large stock of all sorts of garments, bags, kettle holders, socks, scarves, etc., which we were told find a ready sale. We enquired in several wards about the numbers doing hand work and found that considerably more than one-third of the patients in the female wards were so employed, and that in this figure no one employed in housework, kitchen, laundry or sewing room is counted. The occupation on the male side is more difficult, but we saw some excellent work being done in the carpenter's shop.

In A. 6 we found that the radiators, which were very hot, were unguarded. There are 11 epileptics in this ward and we therefore think that care should be taken to keep the radiators protected.

In the female bathroom only two of the baths are screened. This is a small matter, but we think that to be bathed in front of many others may cause much distress to many patients and we hope that the other baths will be properly screened or curtained.

The patients throughout the hospital were very friendly and orderly; they seemed to be contented and happy and, with the exception of a few out-county patients who wanted to be sent nearer home, we had no complaints of any sort. We asked about these patients and were told that careful enquiries had been made about them and they were all cases in which there were no friends to take interest in or to visit them.

During 1933 there were 209 admissions, including 28 voluntary and 18 temporary cases. There are to-day on the books the names of 303 men and 506 women, a total of 809, including 9 voluntary and 18 temporary patients.

There are 223 out-county patients, but still the hospital has vacancies both day and night for 26 men and 45 women.

The weekly maintenance per head is 21s., the average weekly maintenance cost as last ascertained being 20s. 7.389d.

Thirty men and 40 women have full parole and no less than 100 men and 280 women have parole of the grounds. Four male wards and 7 female wards are true open wards, that is to say, open to the ward gardens and the grounds.

The nursing staff consists of:—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	6	9	15
Ordinary	...	...	...	...	...	...	32	40	72
Night	...	...	...	...	...	...	10	11	21

Forty men and 15 women are certificated or registered as mental nurses and one man and 11 women have passed the preliminary examinations.

We were very pleased to hear that a sound film apparatus is now being installed at the hospital.

Amongst the important additions to the hospital since the last visit is a fine new X-ray apparatus; another important item is the completion of the sewerage disposal scheme.

The mortality rate for the year 1933 was 9.5 per cent. The number of deaths since the last visit was 41, the diseases chiefly responsible being pneumonia 14 and heart disease 8. Post-mortem examinations were made in just over 73 per cent. of the deaths.

An inquest was held in the case of a male patient who died from senile decay and pneumonia accelerated by a fractured thigh sustained by falling out of bed. No blame was attached to the nursing staff.

Seven patients had accidental falls resulting in fractures of bones. There were no fatal injuries.

Four patients died from tuberculosis. At the present time 12 men and 7 women are known to be suffering from this disease. Early diagnosis is now facilitated by the use of the X-ray apparatus which we mentioned above.

During the period under review, there was a mild epidemic of German measles, 6 patients and 3 members of the staff being attacked.

There has been no epidemic of influenza in the hospital, but a number of cases of confusion following this disease have been admitted and have been the subject of special study and research. The connection of this disease with encephalitis lethargica has also engaged the attention of the medical staff.

The number of patients attending at the clinics at the Radcliffe Infirmary and Bury Knowle is increasing, and we think we may fairly conclude that early treatment at these clinics is a potent cause in the decrease in the number of admissions to this hospital, although there has been a large addition to the population in the area which it serves.

Our visit has been a very satisfactory one and the progressive spirit observable here is a matter about which the committee and their medical superintendent may well be proud.

#### SALOP MENTAL HOSPITAL.

*March 19th, 1934.*

We have to-day completed the annual inspection, on behalf of our Board, of this hospital.

During last year 152 patients were admitted, including 6 voluntary patients; 1 patient was transferred to other care, 71 left or were discharged (51 upon recovery), 48 were allowed out on trial, money allowances being granted in 26 cases, and 74 died.

There are now on the statutory books the names of 896 patients, of whom 78 are classified as private patients, this 78 including 32 service and ex-service patients, 30 women and 1 male temporary. Four patients were away on leave or trial at the time of our visit, leaving in residence 892. The hospital is overcrowded by day to the extent of 46 on the male and 39 on the female side, but by night we are told there are 54 vacancies on the male and 15 on the female side. The weekly maintenance charge is 15s. 2d., and the average weekly maintenance cost as last ascertained was 15s. 11d.

Fifty men and 11 women are usually given parole beyond the estate and 16 men and 25 women within the estate.

The present staff of nurses consists of:—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	8	12	20
Ordinary	...	...	...	...	...	...	38	38	76
Night	...	...	...	...	...	...	7	10	17

Twenty-two men and 7 women are certificated or registered as mental nurses and 8 and 11 respectively have passed the preliminary examination.

Some alterations and improved lavatory accommodation have been made to F.6, and some other small works of maintenance and construction have been carried out. Interior decorations to the chapel are now being carried out and the installation of a water softening plant is in progress for the laundry.

In the laundry we thought that a further guard over the roller is desirable to prevent accidents.

In the upholstery room we found a large heap of fibre, which is far more inflammable than hair, and we think that there should be some sort of chemical extinguisher which should be easily accessible in this room.

Going through the wards we were somewhat startled at the very low temperature, about which many complained. Admittedly the day was cold, but in many wards it was far too cold, e.g., in the admission and the infirmary wards on the female side about mid-day the temperature was 46°. We were taken to see one of the furnaces which heats two wards. We were somewhat astonished to hear that it is the duty of one of the female nurses to stoke this furnace. We do not consider it the proper duty of

a nurse in uniform to go down a stoke-hole to stoke, and venture to hope that other arrangements will be made. Many of the nurses are housed in single rooms obviously designed for patients, and they must feel the want of proper warming as much as the patients. In the two villas, Copthorne and Oxon Hall, the rooms were very comfortably warm.

In speaking above of the laundry we omitted to point out that the two iron heating stoves both seem to require repair, some of the panels being burnt through.

Apart from the temperature, the wards were well kept, with nice flowers and very well supplied with books. In one place on the female side we found w.c.'s with no doors. We hope that this will be rectified; such publicity is very distressing to some people. We were glad to see great trouble being taken to warm the plates in the grate, but we were told that in the summer time there was great difficulty about it and we hope that it may be possible before long to instal plate warmers. In some of the cloakrooms on the female side there appeared to be ample room to fix a rod with coat hangers, which not only keeps the clothing tidier, but makes the things more accessible, besides economising space.

The mortality rate for the year 1933 was 8.4 per cent., and since the last visit 54 patients have died, 26 males and 28 females. An inquest was held in the case of a male patient who died from the effects of swallowing an irritant poison, self-administered before admission.

The chief causes of death were heart disease 11 and senile decay 8. Post-mortem examinations were held in 50 per cent. of the cases.

Since the last visit there have been 3 cases of dysentery and 3 of paratyphoid fever. At the present time there are two active cases of dysentery on the male side, but no cases of paratyphoid.

There are, however, 5 male and 6 female patients who are reported to be carriers of dysentery and 6 male and 4 female patients carriers of paratyphoid. Isolation of these patients is carried out as far as the accommodation will permit, but complete segregation appears to be impossible. It is the practice at this hospital to allow patients who have had dysentery but are not found to be carriers, to work in the laundry and kitchen, the permission of the medical superintendent having first been obtained. In two instances we found that no such permission had been endorsed on the dysentery caution card.

At the present time 7 male and 3 female patients are said to be suffering from tuberculosis. Three patients have died from this disease since the last visit.

There have been 3 serious but non-fatal accidents. These were fractures of bones due in 2 cases to accidental falls and in 1 case to violence on the part of another patient. The majority of patients in bed to-day were there for mental reasons or on account of senility. There were very few cases of physical disease.

We were very sorry to miss Dr. Hughes, who was unavoidably absent, but we had every possible assistance from Dr. Osborn Smyth.

#### SOMERSET AND BATH MENTAL HOSPITALS.—1. WELLS.

*April 11th, 1934.*

The annual visit which we have to-day paid on behalf of our Board has been one of much interest, and we have noted with pleasure the efforts being made by the medical superintendent and his medical staff to modernize this hospital, both with regard to amenities and treatment.

The problem of bringing old hospital buildings up to date is always a difficult and expensive matter, and is necessarily a lengthy business. Much has been and is being done here—the general bathrooms, new lavatory accommodation in several wards and the replastering and redecorating in others, are examples. A good deal, however, remains to be done. We noticed particularly the need for redecoration in the admission wards on each side, on the female side the day-room is dingy



Twenty-nine men and 12 women are certificated or registered as mental nurses and 7 men and 8 women have passed the preliminary examination.

The mortality rate per cent. for 1933 was 7.5. The deaths since the last visit have numbered 61, post-mortem examinations having been made in 35 cases, giving the rather low percentage of 57.

The principal causes of death have been circulatory diseases (16 cases) senile decay (14 cases) and diseases of the respiratory system, which accounted for 13 deaths. One inquest has been held since the last visit, the circumstances attending the death having been fully reported to our Board at the time.

There have been 5 serious but not fatal casualties since the last visit. In one case a patient sustained a dislocation of the shoulder through being pushed down by another patient, all the other injuries were due to accidental causes.

The hospital has been practically free from influenza and typhoid fever—only one case of the former having been recorded.

There have been 6 cases of dysentery during the past winter, all on the female side, with 4 deaths. Eight new cases of tuberculosis have been recorded, the deaths during the period under review have been 5, and there are 7 known cases of this disease at the present time. In the absence of verandahs—to which reference has already been made in this report—these infectious cases must perforce be nursed in the ordinary wards.

We are pleased to hear of the successful work at the clinics held at Bath, Shepton Mallet and Weston-super-Mare, and of the great assistance given by the social workers in connection with them, and with the patients discharged from the main hospital. In those hospitals, where they are received, the reports sent in by a social worker on all recent admissions have been found to be very useful aids to a more rapid and precise diagnosis and consequently are of great assistance in treatment.

Our thanks are due to Dr. McGarvey and his assistants, Dr. Darlington and Dr. Spence, for their helpfulness to us during our tour of the hospital.

#### SOMERSET AND BATH MENTAL HOSPITALS.—2. COTFORD.

*September 11th, 1934.*

Since the visit of our colleagues in February of last year, the Medical Superintendent, Dr. Aveline, has retired and Dr. W. S. Graham has been appointed to succeed him. We congratulate Dr. Graham upon his appointment and wish him every success. Other staff changes which have taken place include the appointment of Dr. Coleman as first assistant medical officer and Miss Jones and Mr. Linford as Matron and head male nurse respectively.

We have been glad at our visit to-day, to find that efforts have been, and are being, made to carry out many of the recommendations made in our colleagues' last report.

Where so much is needed to be done progress is necessarily slow, but we are satisfied that serious measures are being taken to deal with the many reforms and improvements which are required here. Conditions pertaining in the side rooms have been improved and all patients whose condition required them to sleep on the floor have now been provided with mattresses. Night-shirts are now provided for all male patients and we understand they are much appreciated. We were also glad to hear that improvements have been made in the dress of the female patients and that further changes are in contemplation.

The store cupboards are being fitted with rails and coat-hangers. Letter boxes are now placed in nearly all wards so also are proper poison cupboards, and lockers are being made in the carpenter's shop and are to be placed in some of the male wards. A clinical room has been fitted up on the female side and we hope that another such room will follow on the male side.

A start has been made in redecorating the wards, many remain to be done and we understand this work will go steadily on. During our tour of the hospital we visited the canteen on the female side. We hope the Committee will not lose sight of the need of a canteen which will cater for both sexes. In conjunction with this, we hope it will be found possible to provide cups of tea at a small charge for patients' friends on visiting days. This amenity is now very general in other mental hospitals. The dining and recreation hall has recently been repainted and decorated and now presents a very pleasing appearance. A number of artistic posters framed have been placed on the walls and we would like to suggest that as the wards are redecorated many of the old-fashioned pictures should not be replaced—that similar posters should take their place.

We noticed that the meat mincer in the kitchen and the calender in the laundry were both in need of further protection against accident. One of us had an opportunity of visiting the Matron's quarters and we would like to suggest that more suitable accommodation should be provided for her. This may be feasible when the changes, consequent upon the completion of the new house for the first assistant medical officer, are made. At present the Matron has two rooms leading off a main corridor and looking out on a garden used by patients, the lavatory and bathroom accommodation are a considerable distance away—the bathroom being actually a side room of one of the corridors of the admission ward.

We believe we have seen all the patients in residence to-day and we have spoken to many of them. We granted four private interviews. Except on the score of detentions, complaints were few and the patients, although noisy, were not discontented.

The number of patients in residence to-day was 731—321 males of whom 4 were voluntary and 410 females of whom 9 were voluntary. There were no temporary patients. There were 2 women and 1 man out on leave or on trial giving a total on the statutory books of 734. Upon the figures submitted to us there is an excess of accommodation on the male side of 26 by day and 37 by night but a deficiency on the female side of 13 by day and 1 by night.

The staff of nurses is as follows :

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	8	8	16
Ordinary	...	...	...	...	...	...	39	51	90
Night ...	...	...	...	...	...	...	6	7	13

Forty-five men and 14 women are certificated or registered as mental nurses and 4 men and 13 women have passed the preliminary examination. The general health of the patients since last visit has been good, and we were very pleased to note that there has not been one single case of either dysentery or enteric fever.

The number of cases in bed—22 males and 8 females—was very small and these showed evidence of careful nursing and attention. There were 10 cases of active tuberculosis—4 males and 6 females. The males are treated in open air huts and we should like to suggest that a portion of the verandah in which the female cases are treated, should be partitioned off and reserved for such cases. This would reduce the possibility of other patients in the verandah becoming infected with this disease. The iron framework and the upright portion of the verandah should, we suggest, be removed as it would take away the prison-like atmosphere. It would also improve the ventilation and this too would be further increased if one or two skylight ventilators were fitted.

The mortality rate for year ending December 31st, 1933 was 9·9 per cent. which is slightly higher than that of 7·2 per cent. for all hospitals in England and Wales. Since last visit there have been 99 deaths and post-mortem examinations were held in 67 cases, and in no case was a bed sore reported, which gives evidence of careful nursing as many of the cases were of the senile type.

The principal causes of death were : senile decay 17, pneumonia 15, tuberculosis and influenza 10 each and 3 of general paralysis. Since last visit, 4 inquests have been held, the particulars of which have been reported to our Board. During the same period there have been 8 serious, but non-fatal accidents, 3 being dislocations, 4 fractures and 1 an injury to the eye. All were accidental in character, only one being due to a struggle.

Dr. Graham accompanied us throughout our visit and our thanks are due to him for the assistance he afforded us.

#### STAFFORDSHIRE MENTAL HOSPITALS.—1. STAFFORD.

*June 28th, 1934.*

We have to-day visited this hospital where we found in residence 1,108 patients—523 men and 585 women. During last year 247 patients were admitted, including 38 voluntary and two temporary patients, 30 patients were transferred to other statutory care, 102 left or were discharged (67 upon recovery) and 104 died. Fifty-six patients were allowed out to test their fitness for discharge, but we notice that money allowances were granted only in 4 cases. Freedom from pecuniary worries while on trial is so important that we venture to hope that more use will be made of that useful section of the Lunacy Act which permits allowances to be made. There are now on the statutory books the names of 524 men and 587 women—a total of 1,111. There are 11 voluntary patients included in this number and 47 service and ex-service patients. Three patients are away on leave at the present moment.

The figures given to us to-day show that by day there is overcrowding to the extent of 26 men and 12 women and by night to the extent of 39 men and 24 women.

The weekly maintenance charge for home patients is 17s. 10d. and for private patients 42s. The average weekly cost as last ascertained being 20s. 1d.

The present staff of nurses consists of 12 of each sex holding charge rank, 68 men and 67 female nurses, and 11 men and 13 women detailed for night duty. Sixty men and 15 women are certificated or registered as mental nurses and 20 of each sex have passed the preliminary examination only.

Since the last visit some re-decoration has been done on the female side and many of the female wards have had their ceilings re-whitened which has no doubt gone far to brightening the wards. In the laundry, the

calender to which our colleagues called attention has been, we think, effectually guarded. The female general garden has been enlarged and various outside repairs and improvements have been effected. Some painting is now going on in the male corridors and a good deal of re-decoration is contemplated on the male side. M1 is a somewhat dingy and dark ward and Dr. Shaw explained to us how it was proposed to improve it by opening out some of the side rooms into the ward and thereby letting in more light and air. We were particularly glad to hear from Dr. Shaw that the Committee hope to install a sound-film apparatus in the hospital. We know of nothing that does more to break the inevitable monotony of an institution such as this than cinema entertainments.

The patients, most of whom we saw in the wards, were on the whole very quiet and orderly, what little noise there was being due to one or two individuals and possibly also to the fact that the day was showery and they had not had their usual time in the ward gardens. They were very free from complaints and talked freely to us.

We had some talk with Dr. Shaw about the shaving of the patients and, although we realize that the process of shaving a large number of patients must take a considerable time, he has promised to try to increase the shaving days if possible.

The wards and dormitories were well kept and the beds and bedding seemed to be all that could be desired. We noticed particularly some very nice pictures on the walls in the course of our inspection.

In visiting the admission hospital we found the patients particularly grateful and appreciative of what was being done for them. It was pleasant to see the efforts made by the patients themselves to beautify and improve the walks and gardens. In other wards various occupations are carried on under the direction of the nursing staff. There is no sewing-room, all the repairing and making being done in the wards, the number of garments made in the course of a year amounting to several thousand. Book-binding employs a member of the staff and seven patients.

The mortality rate per cent. for 1933 was 9·7, that for all mental hospitals over the same period being 7·2. The number of deaths since the last visit was 75, post-mortem examinations having been performed in 32. General paralysis of the insane was responsible for 7 deaths, i.e., about 9 per cent. Deaths from tuberculosis amount to 13. Several interesting points emerge from a consideration of the tuberculosis figures here. Thus of the 22 patients now under treatment for this illness it happens that the number of the males (15) is more than twice that of the females (7). As at the last visit, the incidence and death rate as shown by the figures is higher here than at all mental hospitals taken generally, though it is, of course, impossible to say whether these figures represent an actual higher rate here or a different standard of diagnosis from that usually adopted. The figures are : new cases notified per 1,000 of population—Stafford 23·9, all mental hospitals 7·7 ; deaths per 1,000 of the population—Stafford 18·4, all mental hospitals, 5·8.

None of the other causes of death calls for special comment ; there have been no inquests and the only serious casualty was a fracture and dislocation of the shoulder sustained in a quarrel between two patients.

It is pleasant to be able to report that there has not been a single case of infectious illness here since the last visit. Dr. Shaw tells us that he attributes this freedom from epidemics to a number of causes including regular scrubbing of the floors with soap and water and the use of vacuum cleaners which remove the dust from some of the wards by a system of piping.

The laboratory is used for many examinations in association with the clinical needs of the hospital. Research work is continued, at present an investigation is being carried on into certain properties in the blood and urine of confused and depressed patients. Work of this kind involves painstaking efforts, often apparently fruitless, but offers the hope of

The patients in bed seemed to us to be in receipt of good medical and nursing care. The proportion of patients in bed to-day on account of mental disturbance was very low.

STAFFORDSHIRE MENTAL HOSPITALS.—2. BURNTWOOD.

We have to-day completed the inspection on behalf of our Board of this hospital and were pleased to be able to report that we have been very satisfied with our visit.

We found the hospital well maintained and administered, and the wards very clean and well ventilated, prettily decorated with flowers and plants, well furnished and comfortable. The dormitories were clean and the beds and bedding satisfactory. The female sick ward was, we thought, distinctly cold and we have no doubt that this will be seen to. Some of the w.c. seats are of the old pattern, there being much more wood than is now usual. The wood is apt to crack which makes it difficult if not impossible to keep them scrupulously clean. We venture to suggest that these seats should be replaced by the newer pattern as soon as possible.

The patients were clean and nicely clothed, and we were particularly pleased with the appearance of the patients as they sat at dinner in the hall, though it must be stated that the worst class of patients do not dine in the hall. We found the patients very friendly and very ready to converse, and we gave many interviews of a semi-private character.

The weekly maintenance charge per head for home patients is 17s. 10d. and for private patients £2 2s., while the average weekly maintenance cost as last ascertained was 19s. 4·80d.

The present staff of nurses is as follows :—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	8	9	17
Ordinary	...	...	...	...	...	...	54	59	113
Night ...	...	...	...	...	...	...	7	9	16

Forty-nine men and 23 women are certificated or registered as mental nurses and 10 and 14 respectively have passed the preliminary examination.

The mortality rate for the year 1933 was 6·9 per cent. Sixty-seven patients have died since the last visit, 29 males and 38 females. Post-mortem examinations were held in nearly 76 per cent. of the cases. The diseases chiefly responsible for the deaths have been pneumonia 15 and heart disease and arterio-sclerosis 21. An inquest was held in the case of a female patient whose death was accelerated by injuries sustained through an accidental fall. There have been two cases of non-fatal injuries due to accidental falls, and one due to violence by another patient. Five patients have died from tuberculosis; at the present time, however, only two cases are known to be suffering from this disease. There has been no epidemic of influenza, but 9 patients have been attacked at intervals during the year.

The hospital has been entirely free from dysentery and enteric fever, though a few patients are known to be carriers of these diseases. It is gratifying to note that the measures taken in the wards and laundry to prevent a recurrence of these diseases have been effective. Repeated examinations are made in the laboratory and are an important factor in the prevention of the spread of the disease.

Periodic examinations of milk, food and water are carried out. A few patients here are admitted through the clinics at Walsall General Hospital and Burton Infirmary. When the new admission hospital is finished, we hope that the number of voluntary patients seeking treatment therein will be increased. We saw to-day a number of certified patients whom we consider might have been admitted as temporary patients under the Mental Treatment Act and might thereby have avoided certification.

Dr. Reid, who kindly accompanied us all round the hospital, has as his deputy, Dr. A. L. Taylor, and Drs. Mackenzie and Kirwan as his assistant medical officers.

We were very pleased with our visit.

#### STAFFORDSHIRE MENTAL HOSPITALS.—3. CHEDDLETON.

*June 27th, 1934.*

We have to-day completed the annual inspection, on behalf of our Board, of this hospital and we are pleased to be able to state that we have found it in good order and well maintained and the patients for the most part very happy and contented.

Since the last visit by two of our colleagues in November, 1933, some useful works have been completed. Three new steam cooking chests have been added to the kitchen equipment. Hot water has been laid on to the wash basins in some of the wards. Two hard tennis courts have been made for patients and three new hot water storage calorifiers have been added.

Alterations to the heating of some of the single rooms and new baths and fittings are now being made and various outside drainage and work on electricity is now in progress. Swings and lawn tennis courts are being added to the female recreation ground.

We are glad to hear that the installation of a sound picture apparatus is under consideration and we very much hope that the Committee will see their way to carry out this improvement, which we believe the patients really appreciate and which does more than anything else to vary the unavoidable monotony of life in an institution such as this. We hope, too, that the new nurses' home, admission hospital and convalescent villas, plans for which have been provisionally approved, will not be long before coming into actual being.

During 1933 258 patients were admitted, including 51 voluntary patients almost equally divided as to sex and 14 temporary patients. There were 158 discharges or leavings with 87 recoveries. Twenty-five patients were allowed out on trial, money allowances being granted in 18 cases.

There are now on the statutory books the names of 1,234 patients, 610 men and 624 women. Of these 53 are voluntary and 13 on a temporary basis. In the private class are 59 men and 14 women, the former number including 52 service or ex-service patients. Four patients are now out on leave or trial, leaving in residence 1,230.

There is a good deal of obvious overcrowding in the hospital, to the extent we are informed of 99 by day and 56 by night on the male and 106 by day and 66 by night on the female side.

Parole beyond the estate is allowed to 50 men and 52 women and within the estate to 21 men and 1 woman.

The present staff is as follows :—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	11	13	24
Ordinary	...	...	...	...	...	...	68	62	130
Night	...	...	...	...	...	...	14	13	27

Six female nurses are employed on the male side.

Seventy-two men and 34 women are certificated or registered as mental nurses and 12 and 18 respectively have passed the preliminary examination.

We found the wards and dormitories very comfortable, well kept and the former prettily decorated with flowers. The ward gardens, too, are attractive and nicely kept. The patients were very friendly and orderly and there was no noise anywhere during our visit.

The clothing shows a particularly good variety of sizes for both sexes, and there was a range of attractive colours of frocks and underclothes as well as light and fashionable colours in stockings on the female side. Other articles of clothing which seemed useful and comfortable were the bathing costumes for classes doing physical exercises, drill suits for those doing rough scrubbing and a particularly warm and soft strong garment of Kersey for destructive patients.

Occupation therapy, we are glad to say flourishes. We saw on the female side a class of about 34 patients, of whom it was hoped that about 10 would recover, and that the others would gradually become fitted for the industrial departments. Rugs made out of dyed sacking, teased out and knotted were some of the employments we saw ; they offer considerable scope for low-grade patients in the teasing process and attractive work for better patients in designing and making. One of these rugs was awarded a distinction at a recent exhibition. Other crafts include leather and metal work, basket making, embroidery, stool seating, papier maché work and knitting. A large amount of work, too, was going on in the wards. In the male admission ward, for example, patients are employed in rug making and papier maché work, in gardening and on the cricket field and in a tailoring class held regularly in the ward.

In the kitchen we saw and tasted an excellent dinner being prepared of green pea soup, and suet pudding with whinberries, there was also fried fish for those who preferred it to soup. We noticed that every food container had a number on it, so that the same tins always go to the same ward.

In the laundry the callender to which our colleagues drew attention last year has been guarded, but we think that the soap jelly boilers should be locked when boiling to prevent possibility of accident, especially as there are a few epileptics in the laundry.

The mortality rate per cent. during 1933 was the low one of 5.9, comparing with the rate for all hospitals of 7.2. The number of deaths since last visit was 54, the cause of death being verified by post-mortem examination in a high proportion of these.

An inquest was held upon an elderly patient who died from a fracture following an accidental fall, a verdict being given in accordance with the medical evidence.

General paralysis of the insane was responsible for 7 deaths. A number

of cases are at present under treatment for this illness, including several children. Treatment by malaria and appropriate drugs is carried out and checked both by clinical and laboratory observations.

Ten patients died from tuberculosis and there are at present 31 patients who are regarded as suffering from this disease : of these many are quiescent, the active cases being nursed on open verandahs.

Dysentery was the cause of death of one patient. Since the last visit there have been 3 cases of dysentery among the male patients and one female nurse was also attacked. There have been no new cases now for 4 months.

Apart from influenza, from which 75 patients suffered, there has been little infective illness. There have been 12 cases of scarlet fever and 5 of erysipelas. One male patient is at present under treatment for Aertrycke infection, the source of which is not known.

The careful and detailed attention given to the training of the mentally deficient children here, combined with expert surgical and nursing care for those with physical deformities, has produced some excellent results. We saw a number of children just able to walk who before admission were bedridden and others for whom orthopædic manipulation or operation had made all the difference between a seriously crippled gait and the ability to walk freely.

The medical and nursing care of the patients appears to us to be excellent. Those responsible for the patients showed an intimate knowledge of them ; diagnosis is carefully thought out and corroborated by laboratory tests and the case books contain many careful family and personal histories and details of laboratory, dental and surgical work as well as of clinical findings. Some research which it is hoped may prove to have a practical value is going on in the laboratory. Our visit has been both satisfactory and interesting.

Dr. Menzies, who accompanied us all round the hospital, has to assist him Drs. Wilkins, Henderson (now on leave), Malloy, and Dr. Gwenvron Griffiths *vice* Dr. Henderson.

#### EAST AND WEST SUFFOLK DISTRICT MENTAL HOSPITAL.

*March 8th, 1934.*

We have to-day paid the annual visit on behalf of our Board to this institution, and generally we can state that we are very satisfied with the condition of affairs which we have found prevailing here.

During 1933, 214 patients, 90 males and 124 females were admitted ; of these 6 males and 9 females were on a voluntary footing, and one woman was admitted as a temporary patient. Ninety-four patients, 44 males and 50 females, were discharged, 1 man and 6 women were transferred to other care, and 35 men and 45 women died. Since the beginning of this year 12 men and 24 women have been admitted, of whom 3 men and 5 women were voluntary patients. Three patients have been transferred elsewhere, and 12 discharged, whilst 17, 7 men and 10 women have died. There are to-day on the statutory books the names of 1,118 patients in the proportion of 509 males to 609 females, of these 7 and 10 respectively are on a voluntary footing, and there is 1 woman as a temporary patient. She is only the second patient admitted as such, since the coming into force of the Mental Treatment Act.

Thirty-four patients of each sex are boarded out in the Risbridge Institution at Kedington, and 2 men and 20 women are away on trial ; 18 of the latter are sent to test their fitness for boarding out under Section 57 of the Lunacy Act, 1890.

In addition to the above patients whose names are on the books, there are 40 women boarded out under a reception contract at the Canterbury Mental Hospital.

Private patients number 43 men and 1 woman, all the former being service or ex-service men.

Out-county patients only number one of each sex.

The weekly maintenance charge for the county patients is 20s. 5d., whilst the average weekly maintenance cost as last ascertained was 19s. 10.9d.

The number of patients in residence to-day is 1,028—473 men and 555 women, and the average number resident during last year was 1,015—472 men and 543 women. The total accommodation is for 482 men and 495 women by day, and for 450 men and 524 women by night. There is, therefore, overcrowding by night by 23 men and 31 women at the present time.

We found the patients of both sexes generally very contented, and well behaved, and the appeals for discharge were not numerous. Their dress and personal tidiness were satisfactory, though some of the men's neck-wear required attention.

The occupation centre on the female side has been well started, and we saw a class of some 16 women engaged there to-day. There are 30 women attending these classes. The work has been extended to a certain extent to the male side, and such work as net making, basket work and gardening glove making is in progress.

The idea of the work is to produce articles which can be of some use in the hospital, and not to make fancy articles for sale.

There appears to be a need for physical drill and exercises for some of the younger patients, especially those of the dementia præcox type, for their reclamation and for giving them a start for more activity.

The wards were well and tidily kept, and the supply of plants, books, papers, and games were satisfactory. On the male side ward 7 is used as a club ward, and some 50 men are allowed to stay up till 9. Ward 20 where most of the farm workers reside is being redecorated.

Since the last visit all the ivy has been stripped off the exterior walls, and flowering shrubs and creepers planted in its place.

We saw the dinner meal being partaken on the male side. It consisted of corned beef with sauce and potatoes, followed by boiled rice pudding. We think that the second course should not be put on the tables until the meat course is finished.

When the domestic hot-water supply and central heating which is contemplated for reorganisation is considered, we hope that the question of plate warmers will be borne in mind.

Parole beyond the estate is given to 26 men. Parole within the grounds is given to 60 men and 21 women.

The present staff of nurses consists of:—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	11	13	24
Ordinary	...	...	...	...	...	...	51	38	89
Night ...	...	...	...	...	...	...	9	13	22
<i>Of the above:</i>									
Certificated or registered	...	...	...	...	...	...	46	25	71
Passed preliminary examination only	...	...	...	...	...	...	9	15	24

During the course of our visit we found on duty 41 male and 31 female nurses.

Although the general health of the hospital is good, and there has not been any infectious disease other than tuberculosis (1 male and 2 female patients) since the last visit of our colleagues on September 26th, 1933, we were struck by the high number of patients in bed to-day—135 women and 70 men. Many of these were senile infirm, a few were so confined for physical illness, and some for mental reasons, but the high number is really due to the practice of keeping patients of defective habits in bed for varying periods as the best means of regulating and training them.

There were to-day 2 male and 1 female patients suffering from active tuberculosis ; they were being nursed under suitable conditions.

The nursing arrangements generally appear to be quite satisfactory in the absence of special provisions which would be provided by an admission hospital, and many expressed their appreciation of the care and attention provided.

The mortality rate for 1933 was 6.9 per cent. for males and 7.7 per cent. for female patients. These figures compare favourably with the average for mental hospitals during the same period.

Forty-seven deaths (19 male and 28 female) are recorded since the last visit, the causes of death being verified by autopsy in 26 instances, and no bedsores were present at death.

As is to be expected in a population including many aged persons, at least half the deaths were due to conditions dependent on senile changes ; 6 patients (1 man and 5 women) died from some form of tuberculosis, 2 men from general paralysis of the insane, and the remainder from causes not calling for special mention.

No inquests have been necessary, and only one patient has suffered from an accidental fracture ; this was sustained when he hit another patient.

During our visit to the laundry we noted that a safety catch has been supplied to the hydro-extractor in the fouled linen section. In this section we paid particular attention to the process of dealing with fouled and infected clothing and linen ; this appears to be quite satisfactory, but we have asked Dr. Keith to make tests from the hydro-extractor to prove the efficiency of his arrangements.

Dr. Keith has the assistance of the same two medical officers, Dr. J. D. G. Burke and Dr. D. L. Crawford.

#### SURREY COUNTY MENTAL HOSPITALS.—1. BROOKWOOD.

*February 9th, 1934.*

Compared with the buildings of some of the more modern mental hospitals, the buildings here present certain obvious disadvantages. After a full inspection, however, we are satisfied that the hospital continues to be well maintained and conducted under Dr. Lowry's administration.

There are to-day on the books of the hospital 598 men and 899 women. One man and 6 women are at present on trial, leaving 597 men and 893 women in residence to-day. There are 7 males and 1 female on a voluntary basis, and 1 female temporary patient. Private patients number 34, of whom 26 are in the service or ex-service class, and there are 20 out-county patients (12 men and 8 women) chargeable to 9 different authorities.

According to the returns made to us to-day there are 66 vacant beds in the male division and 50 in the female division ; the corresponding figures at the visit of our colleagues last year were 62 and 56.

Apart from the installation of heating in the general office, and the routine work of redecoration, little has been carried out in the way of alterations and improvements during the year under review. We are glad to hear that the addition of a verandah to female ward 9 is contemplated, and the reorganization of the kitchen and stores—mooted some years ago, but shelved on account of the need for economy—is again receiving active consideration. Our visits to the departments in question left us in no doubt as to the necessity of this work being undertaken as soon as possible. Another point which struck us during our round was the paucity of visiting accommodation ; we understand this question is being considered, and will be dealt with in connection with the above-mentioned scheme of reorganization.

The patients of both sections appeared contented and well behaved. We received no complaints save on the score of detention, and after

inquiring into the matter were satisfied in each case that the patient was not fit for discharge. The clothing in both divisions was satisfactory; a considerable number of the women wearing their own clothes.

While the wards generally were nicely decorated and attractive we thought that most of the pictures were somewhat drab and colourless, and the appearance of the wards would be enhanced by bright posters which can be obtained in great variety and at little expense. We were struck by the general deficiency of cloak-room accommodation throughout the hospital. Many of the patients, especially on the women's side, have considerable belongings of their own, and in some wards owing to the shortage of accommodation the receptacles containing these belongings were stacked against the walls of the day-rooms. Lockers are now being provided as quickly as possible in the better-conducted wards, but the shortage of accommodation for hanging overcoats, etc., will still remain. We hope that the possibility of erecting hanging cupboards in suitable positions will be explored and suggest that where this is done care should be taken to ensure that they are deep enough to take coat hangers, the provision of which not only makes for economy of space but also tends to lengthen the life of the garments thus stored.

Parole within the grounds is allowed to 110 men and 70 women and 2 wards in each division are open to the ward gardens, while 3 of the male and 2 of the female wards are open to the grounds. No full parole in the general recognized sense is granted, but upon application to the medical superintendent, suitable patients are given written leave, covering the date of the visit in question only, entitling them to be absent from the hospital for a stated period to visit specified places in the vicinity.

This limitation is considered necessary on account of danger from the very heavy motor traffic, existing in the area. Patients are also taken out for shopping expeditions.

Amongst the many questions discussed with Dr. Lowry was that of occupation therapy. At the present time some 62 per cent. of the men and 40 per cent. of the women are shown as employed and of these approximately 40 per cent. of the former and 50 per cent. of the latter are classed as ward workers.

It will be apparent from the above figures that there is very great scope at this hospital for this form of treatment, the benefits of which are now generally realized. As a result of our discussion we are satisfied that Dr. Lowry fully realizes the necessity for expansion and is anxious to make a commencement as soon as possible. Proposals are now under consideration which would enable three specially selected certificated nurses to receive training in a variety of handicrafts and they would later be used as instructors for the remainder of the staff. Application of the treatment will be started in selected wards on the female side, an occupation centre being subsequently provided in a building which is at present disused.

We realize that the organization of occupation therapy requires careful consideration and that progress must in the early stages be slow, but hope that the inception of this admittedly important adjunct to treatment will not be much longer delayed. We were glad to note that physical training classes are being held for a number of the younger male patients under a qualified instructor, and in this connection we hear that several of the younger female nurses had voluntarily formed themselves into a class under the same instructor with a view to being able to take classes of patients in their own wards eventually.

We found a satisfactory number of patients employed in the various workshops, which included a bookbinding and printing department, in addition to the usual tailoring and shoemaking shops; in the latter department all boots, shoes, etc., needed for the hospital are made in their entirety. Visiting the lavatory which serves these workshops we could not but feel that the instalment of a modern urinal system would be of advantage.

Since the last visit the hospital has been free of any epidemic disease. A sporadic case of scarlet fever occurred in a member of the female staff and one of diphtheria in a patient, the origin of which was untraced.

Dysentery and acute diarrhoea have been entirely absent for nearly 5 years and the last case of enteric (paratyphoid) occurred last year.

There are, however, a large number of patients of both sexes who have at some time suffered from dysentery or acute diarrhoea who are still under the usual restrictions as to occupations of such patients.

Six male and 7 female patients are now suffering from active tuberculosis, all of whom are being nursed under conditions suitable for this complaint, for which special accommodation exists.

The mortality rate for 1933 was 8 per cent. for males and 4 per cent. for females, which includes a somewhat large number of deaths from influenzal pneumonia in the first 2 months, which are not included in the period under review.

Sixty-five (36 male and 29 female) have died since the last visit of our colleagues, including 3 from general paralysis, 5 from tuberculosis, 6 from pneumonia, 11 from heart disease, and 17 from senile decay (there is a large senile population). One patient found dead in bed was the subject of an inquest with a verdict of natural causes.

One patient of each sex was found to have a definite bed sore at the time of death, but we are satisfied that this infers no reflection on the nursing.

Post-mortem examinations were made in 37 instances—57 per cent. of the deaths. Permission is always obtained after death.

Two men and 5 women patients have sustained fractures, all accidental and unavoidable.

During our visit to the sick we had many spontaneous references to the kindness and attention bestowed by both medical and nursing staff, which from our observations we can thoroughly endorse.

Since the last visit the isolation hospital, formerly occupied by 23 female patients of the bedridden and the more or less senile type, has been closed. This block is to be used in future only for its original purpose. These patients now occupy two dormitories in F.2, which is a first-floor ward, and this accommodation appears to us to be unworthy of the hospital. These dormitories are decoratively uninviting, the small high windows give no outlook and there is little or no opportunity for providing fresh air such as these patients might enjoy in ground-floor accommodation with easy access to the garden.

One of us paid particular attention to the method of dealing with the fouled clothing and the disinfection of metal containers, both of which appeared satisfactory.

The clinic held once a week at the Guildford General Hospital by Dr. Lowry is, we regret to hear, very poorly attended. This may be due to the existence in the same institution of a much older-established neurological clinic and possibly to the proximity of London, with its facilities in this direction. We do, however, feel that amongst those discharged from the observation wards of the Guildford Poor Law Institution there must be many who would benefit from treatment at a local clinic if so directed.

The staff of nurses is as follows :—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	14	16	30
Ordinary	...	...	...	...	...	...	89	114	203
Night	...	...	...	...	...	...	14	18	32

Fifty-six of the male and 34 of the female nurses are certificated or registered as mental nurses. These figures show an improvement on those of last year.

The medical staff remains the same as in the last report.

## SURREY COUNTY MENTAL HOSPITALS.—2. NETHERNE.

*November 9th, 1934.*

Since this hospital was last visited, Dr. Coombes has retired from the post of medical superintendent.

Dr. Coombes entered the hospital as medical superintendent on February 1st, 1915, and thus for close on 20 years has been engaged in dealing with the many difficulties inseparable from the administration of a large hospital. Amongst other events during his term of office we might mention that, during the years of the Great War, the hospital had to contend with problems of restrictions of supply and shortage of trained staff, whilst for a period of 7 years post-war, when the hospital was functioning as an admission hospital for service patients from the Ministry of Pensions Hospital at Ewell, Dr. Coombes gave valuable help in the arrangements for the subsequent transfer of the patients to other hospitals nearer their homes.

More recently Dr. Coombes was concerned in the provision of additional buildings for 480 patients, to which task he devoted untiring energy. The whole of the furnishing of these new buildings was carried out under the direction of Dr. Coombes and the Clerk and Steward, Mr. Pascoe. Dr. Coombes has been succeeded by Dr. L. M. Webber, formerly deputy medical superintendent; to the former we wish many years of well-earned happiness in his retirement; to the latter we wish every success in his new and responsible post.

There are at present in residence in the hospital 1,408 patients, in the proportion of 549 men to 859 women, 19 of the former and 21 of the latter being voluntary patients and one of each sex temporary patients. There are 29 men and 64 women classed as private patients. Out-county patients number 74 (52 men and 22 women), chargeable to about 14 different authorities. Five men and 4 women are at present on trial.

From the returns furnished to us to-day we observe that there are 36 vacancies for men and 27 for women, both by day and night.

The weekly maintenance charge for home patients is 22s. 2d., while the charge for private patients varies from 35s. to 63s. The average weekly maintenance cost as last ascertained was 20s. 7.140d.

During 1933, 63 patients were admitted on a voluntary basis and 6 as temporary patients, while up to date this year 43 voluntary patients and 4 temporary patients have entered the hospital. Thus the percentage of voluntary patients to the total direct admissions in 1933 (499) was just over 12½, while the corresponding figure for this year to date is approximately 11½. The percentage of temporary patients in relation to direct admissions is little over 1 in each case. From what we have seen in some other parts of the country in respect to admissions under the provision of the Mental Treatment Act, we feel convinced that the above figures can be considerably improved upon if active steps are taken to that end. Perhaps the Committee would consider the question of inviting the co-operation of the Public Assistance Committee with a view to ensuring that the Relieving Officers concerned are well versed in the provisions of and procedure under the Mental Treatment Act and that each case with which they are called upon to deal is considered from the standpoint of its provisions. Action with a view to informing the local medical practitioners of the beneficial possibilities of the Act should also prove useful.

Amongst a variety of useful improvements carried out since the last visit may be mentioned: Installation of sound-film apparatus in the recreation hall and of wireless in a large number of the wards and villas. A pair of houses for medical officers have been built and a new greenhouse has been erected. A padded room has been provided in female ward 1 of the hospital block and similar provision is contemplated in the corresponding male ward of that unit. The medical officers' bedrooms

have been fitted with telephones. Fire bells have been installed in the firemen's houses.

We found the patients apparently contented and happy for the most part and the only complaints we received were either the result of mental affliction or on the ground of detention. We made careful inquiries, where necessary, into the latter type of complaint, and satisfied ourselves of the need for further care and control.

Attention has been paid to the design of the women's clothing, and we found the patients generally neatly clothed and well shod. A number of patients spoke to us of having lost touch with their relatives, some of whom, on further inquiry, we found to be dead or abroad. We hope, however, that all possible steps will be taken to establish, wherever possible, communication between patients and their relatives and friends.

The wards at this hospital are of nice size and we found them generally in very good order. A pleasing feature on the female side was the abundance of plants and flowers, even in the most disturbed wards. In female ward 7, the majority of whose occupants are private patients, we thought some form of screen between the baths would be of advantage. We understand that the charge made for patients in this ward averages £2 2s. 0d. per week, and venture to suggest that in the circumstances the Committee might consider the provision of hot water to the lavatory basins. Throughout the hospital we thought that the provision of coat-hangers in the cloakrooms would make for economy in space and lengthen the life of many of the garments now stored there. In the course of our visits to some of the ward kitchens, we noticed that the gas rings were unprotected. We suggested to Dr. Webber the desirability of providing detachable shielded keys to these rings, particularly in the ward where the more acutely depressed patients are accommodated and he concurred in our view.

We could not help feeling that there was room for considerable improvement in the methods of transport of food to the wards and villas and of its distribution to the patients. The majority of the dinners that we inspected, chiefly in the hospital block, were cold. We have discussed this matter with Dr. Webber and made some suggestions, which we believe would effect improvement in this respect, for his consideration. In the bakehouse we thought that the dough mixer required some form of protection to prevent accident; we indicated the nature of the protection desirable to Dr. Webber.

Forty-two men and 19 women have parole within the grounds, to which 2 villas for each sex are open. Two male and 3 female villas are open to the ward gardens as are also the male and female infirmary wards. On account of the traffic conditions in the neighbourhood, the granting of full parole is considered inadvisable.

A matter to which our colleagues drew attention last year is the need for organised occupation therapy at this hospital. We understand that with a view of meeting this need, it is proposed to send 3 female nurses to a handicraft centre in London for courses of training in the very near future. We are glad to hear that a beginning is thus being made in this important form of treatment and hope that it will soon be found possible to extend it to the male division. A number of female patients, chiefly in the admission hospital, are encouraged to do various forms of fancy work, the proceeds of which are devoted to annual outings and also, we were surprised to hear, to the extent of about £30, to the provision of dentures—an expenditure which it seemed to us that this fund should not be called upon to bear.

On the first day of our visit, which has occupied the whole of yesterday and to-day, we were very much interested in watching a quite recently formed class of young male patients doing physical training exercises under the instruction of a male nurse who was formerly a physical training instructor in the army. These patients had evidently been carefully

selected and many of them were of the introverted type likely to derive much benefit from such activities. We thought that, when these patients had become more conversant with the various movements some form of music would be of assistance and add to the interest and that, later perhaps, special drill costumes might be found of advantage. We look forward to the time when exercises of this nature will be extended to the female division.

We received from Dr. Webber an account of the work carried on since January 1st of this year at the out-patient clinic which he conducts weekly at Kingston General Hospital. It appears that the number of attendances during the period was 60, of which 10 were made by patients who had been previously seen at the clinic. The remaining 50 attendances were made by new patients, of whom approximately one-third were sent by local medical practitioners for diagnosis.

The nursing, care and attention provided by day appears to be satisfactory, but we feel that the arrangements for night nursing require reorganization and strengthening.

There is a large number of patients regarded as suicidal—25 male and 46 female—the great majority of whom are distributed in the observation dormitories and although Dr. Webber feels sure this number can be materially reduced we suggest that with a numerically adequate staff to look after them they could be conveniently concentrated in fewer dormitories.

We are aware that all buildings are in telephonic communication with the medical officers—who have bedside instruments—and with the Matron; also that two or more day staff sleep in each dormitory, but there are occasions when the help of the latter would be requisitioned were they not asleep; in fact, sleeping staff is rarely called up. It is also highly desirable that both the sick and admission hospitals should have more frequent visits. We therefore suggest the addition of a night superintendent of officer rank—who shall be in full control of the night nursing throughout the hospital and be available by telephone, which should never be left unattended.

We inquired into the method of ward sanitation and find that this is by no means uniform throughout the hospital. In the sanitary annexes less care is given in most wards to the cleaning of sides, doors and hand pulls than to pans and floors, while in one instance we elicited the fact that scrubbing brushes are common to sanitary and general domestic uses.

In the fouled laundry section the soiled clothing is received in bundles from the wards instead of in metal containers such as are used for known infected clothing; the heavy soil having been removed in the wards. We took up this matter with Dr. Webber, who will see that other instructions are given and has also promised to test the effluent from the washing machine from time to time.

In several dormitories both observation and non-observation, we noticed night commodes. We believe that their use should not be necessary.

We were glad to hear that a consultant medical, surgical and other specialist staff has been appointed since the last visit; these gentlemen will be acting in similar capacities at Brookwood.

The pathological laboratory under the direction of Dr. Palmer has considerably enlarged its scope and is now able to deal with practically any investigation required with the exception of the Wassermann reaction. Dr. Palmer is training one of the male nurses as laboratory assistant.

Malarial treatment for general paralysis of the insane is carried out here using blood; one man and one woman were under treatment to-day in gauze protected rooms.

Dr. Nightingale, who has recently joined the staff, is in charge of the X-ray department. He has experience of this work and we hope that his services may be utilized to the full in the early diagnosis of pulmonary

tuberculosis, the death rate from which is high in comparison with other mental hospitals.

Both dysentery and enteric fever have been almost absent from this hospital for many years and no case of acute diarrhoea has been returned to us.

A case of scarlet fever occurred amongst the male staff and a female patient had diphtheria 2 months ago. Apart from this the general health has been good and very few of the 52 male and 91 female patients in bed during our visit were so confined for physical reasons.

One male and 6 female patients are receiving open-air treatment for tuberculosis.

The mortality rate of 6.8 per cent. for 1933, compares very favourably with the average for all mental hospitals.

In the 16 months which have elapsed since the last visit of our colleagues, 59 male and 95 female patients have died, of whom 40 were between 60 and 70 years of age and 52 were over 70.

The causes of death include 9 from general paralysis of the insane, 16 from tuberculosis, 25 from pneumonia (mostly of the terminal type), 23 from heart disease, 31 from senility and 12 from psychotic exhaustion.

Five patients were found to have bed sores at death—a somewhat large number.

Autopsy was performed in 70 per cent. of the deaths. We hope that endeavours may be made to increase this percentage.

Two patients of each sex have been the subjects of coroner's inquiries—one a man, being a suicide. All the circumstances have been reported to our Board and no further comment is necessary.

Fourteen female and 2 male patients have sustained non-fatal fractures during the period under review—two were due to violence of other patients and the remainder from accidental falls, chiefly in the wards.

A non-slip floor-polish has been recently introduced and it will be interesting to note whether this has any effect on the number of accidents due to falls in the wards.

The present nursing staff is as follows :—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	14	23	37
Ordinary	...	...	...	...	...	...	73	99	172
Night ...	...	...	...	...	...	...	11	16	27

Three of the staff, including 1 male nurse, are doubly trained.

No female nurses are employed on the male side.

Fifty per cent. of the men and approximately 24 per cent. of the women are certificated or registered and 20 men and 15 women have passed the preliminary examination only.

Dr. Webber has the assistance of Dr. J. H. Ewen as deputy medical superintendent, and of Drs. W. Hinds, F. B. McEvoy, J. B. Palmer and G. S. Nightingale as assistant medical officers.

#### EAST SUSSEX MENTAL HOSPITAL.

*November 9th, 1934.*

On visiting the East Sussex Mental Hospital to-day and yesterday we found that Dr. Reid, who has been appointed as Medical Superintendent in the place of Dr. Taylor, had taken up his duties at the beginning of the week. Although we have neither of us had the privilege of visiting the hospital whilst Dr. Taylor was in office, his long years of devoted work are so well-known to us and the results are so obvious throughout the hospital, that we should like to place on record what we know also to be the feelings of our Board.

Dr. Taylor was appointed as the first medical superintendent of the East Sussex Mental Hospital in 1903, and brought his wide experience to

bear upon its opening and development along sound medical lines. Dr. Taylor's interests and efforts on behalf of psychological medicine have not been confined to the four walls of his hospital. He has been a keen promoter of the out-patient treatment of mental illness in general hospitals and was instrumental in establishing such an out-patient department in Eastbourne several years before the passing of the Mental Treatment Act. For several years Dr. Taylor has been chairman of the South Eastern Division of the R.M.P.A. and has taken a keen interest in the training of nurses.

Visiting the hospital for the first time to-day, we were impressed by the soundness of the general administration and by the good team work among the staff. The contentment of the patients is perhaps the best tribute to Dr. Taylor's work and we felt the affectionate way in which he is spoken of by many of the old patients to be of special significance.

Dr. Benjamin Reid (M.D. Glas., M.R.C.P. Edin., D.P.M. Manch.), who has taken over the duties of medical superintendent, was appointed as deputy in the hospital last March from Whittingham Mental Hospital where he had been senior medical officer. The other members of the medical staff are Dr. Fenwick (deputy), Dr. Krausz and Dr. Irvine.

The Matron, Miss Martin and the head male nurse, Mr. Akerman, both of whom had done long years service under Dr. Taylor, have also recently retired. Miss Shorrocks, a doubly trained nurse, who was assistant matron at Chartham and Mr. Beadle have been appointed in their place.

Dr. Taylor will continue to take an active part in the mental health services of this area as he will be in complete charge of the four out-patient clinics associated with this hospital. The clinics are held at Eastbourne, Hastings, Lewes and Hove.

During the year 1933 no fewer than 147 sessions were held at the four clinics and the total number of attendances amounted to 778. These figures indicate that the scope of the activities of these clinics is increasing and that they are becoming centres at which valuable guidance and treatment before and after residence at the hospital are being rendered to members of the general community.

The number of patients whose names are on the statutory books to-day is 1,315; and with the exception of 6 patients who are boarded out or on leave, all the patients are in residence. Seventy-eight patients are here on a voluntary basis; the remainder are certified. It is gratifying to note that the proportion of voluntary admissions is increasing steadily; and we hope the next step will be the admission of suitable patients on a temporary basis. No fewer than 269 of the patients in residence at present are out-county cases. Private patients number 16 and there are 33 service or ex-service patients.

The figures given to us show overcrowding in the hospital to the extent of 52 by day and 63 by night on the female side and 42 by night on the male side. It is evident in going round the wards that the beds in some are too close together and in a few it has even been found necessary to place beds in the corridor. The verandah in A1 is also over-full and beds are placed against the open side in such a way as must lead to the frequent closing of the shutters. The pressure on beds may also, we think, in some wards, result in the use of the padded room every night as a substitute for a single room, instead of reserving it strictly for those who can only be treated in a padded room.

We were struck as we went round the wards by the number of mental defectives amongst the patients, and in considering the question of overcrowding we should like to put forward the following points. There are conditions in East Sussex which may lead to an unusually high number of defectives amongst the patients in the mental hospital. For many years mentally defective children have been admitted, some of whom, as they grow up, are drafted on to the adult sections. No colony provision has yet been made in East Sussex for defectives, and the number main-

tained by the county council in mental deficiency institutions is unusually low. This also would help to account for patients being admitted to, or retained in, the mental hospital who, in other areas, would be cared for in institutions for the mentally defective. We noted in the Medical Superintendent's last annual report that as many as 22 of the 157 direct admissions were congenital cases. We would suggest that the question of adult defectives as well as that of the mentally defective children in the hospital needs careful investigation.

As regards the children, there are 16 mentally defective girls housed with 73 women patients at Woodside, and 24 boys with 10 men in F2. Twenty-five of these children were to-day in the schoolroom at Woodside, ranging in actual age from about 4 to 18 and in mentality from children able to profit from some school teaching to those who are trainable only on simple manual lines. The remaining very low-grade children, including some helpless idiots, are left in the wards, much to the discomfort of some of the insane patients.

It will thus be seen that 40 beds are occupied by mentally defective children. We appreciate the work that has been done in caring for these children, but we believe it must be generally recognized that the facilities provided in a colony for mental defectives, both as regards classification and training, must be greater than in a mental hospital, where the children cannot be separated from the adult insane patients and where varying mental grades must be dealt with in one small group. The admission of children to the hospital was clearly never contemplated as a permanent measure and we suggest that the moment has now come when the question of providing alternative accommodation should receive serious consideration of the local authority.

There is much evidence of the good care the patients are receiving throughout the hospital. The wards are comfortable and home-like, although the light is in places insufficient owing to the removal of lamps, and in some wards to the use of lamps of low candle power. The arrangements for washing utensils and for carrying water in the hospital wards A1 and B1 appeared to us to be inconvenient. A number of patients wear their own clothing, and we were glad to learn that the question of marking hospital underclothing as well as dresses for patients' individual use is under consideration. Lockers have been provided in some wards, and others are on order. Tokens varying in value from 3d. to 2s. 6d. are given to working patients and are spent at the excellently-stocked canteen, which has proved of such value to the patients that an extension is to be carried out. In the central hall we found some 60 patients, men and women, engaged in various forms of handicraft under the direction of a male and a female nurse. In Park House, the admission villa, 20 women patients attend the handicraft centre in the mornings and 18 men and 16 women in the afternoons, where the occupations officer is in charge. Dr. Reid has in view further extensions of occupational treatment which should in time tend to decrease the number of deteriorated and destructive patients at present unoccupied in the wards. If occupational treatment is to become the fundamental part of mental hospital life that we should like to see it, we believe it will be found necessary to give all nurses some practical understanding of the aims and methods involved. Further development of the shops on the male side as a form of training and treatment rather than as utility services only, may follow as patients become fit to work under more normal conditions.

We were glad to learn that classes for physical exercises have recently been started.

Many important improvements have been effected during the last year of Dr. Taylor's superintendency. The Visiting Committee obviously make every effort to maintain a high standard of efficiency in the various departments. The new isolation hospital is a most admirable and complete unit for the treatment of a small number (6) of infectious cases,

and it has been appropriately furnished. The old isolation hospital is now used as a villa and accommodates 16 mild chronic female cases.

Recently the Visiting Committee made an arrangement with the Public Assistance Committee to undertake the laundry work of four public assistance institutions—Battle, Rye, Uckfield and Newhaven. This arrangement has resulted in expenditure on the installation in the laundry of several machines of the modern type and on the extension of the accommodation for sorting clothes. The introduction of electric irons has not only accelerated the work, but has made it possible to remove the stove which made the laundry uncomfortably hot.

Amongst the many other improvements effected we may mention: (1) increasing the water supply by an additional bore and pumping plant, (2) conversion of farm premises into dwellings for members of the farm staff, and (3) the installation of an anthracite and gas plant in place of a coal range in the kitchen.

It was obvious to us when we visited, as the food was being served for distribution, that the outer kitchen is no longer equal to the demands made upon it. We were interested in our talk with the Clerk and Steward concerning the proposed reorganization of the kitchen and stores.

The mortality rate for 1933 was 7.6 per cent., which approximates the mean figure of 7.2 per cent. for all mental hospitals in England and Wales. The chief causes of the 98 deaths which have occurred since September, 1933, when the Commissioners last visited, were cardiovascular diseases 23, pneumonia and bronchitis 23, senile decay 11 and tuberculosis 10.

An inquest was held on the death of a patient who had fractured his thigh shortly before he died. The verdict was that "death was due to morbus cordis and arterio-sclerosis accelerated by fracture of thigh."

There have been 13 serious but non-fatal casualties, all, with the exception of 2, being sustained by female patients. In each case the injury was a fracture. One patient was injured in being pushed by another patient; in all the other cases the injuries were caused accidentally.

The health of the patients generally has been most satisfactory. The only feature of the diseases statistics that calls for special comment is the group of 14 cases (all women) of diarrhoea. In view of the fact that there had been 3 cases of dysentery in the women's wards last November, careful and systematic bacteriological and serological tests were made by the pathologist in all these cases of diarrhoea; but the results were negative.

Last February 3 cases of scarlet fever occurred in one of the women's wards. Swabs were taken of all the patients (50) in the ward. Half of the number of swabs gave positive results—14 per cent. yielding a high culture and 36 per cent. a low culture of haemolytic streptococci. The pathologist maintains that such results indicate the impracticability of isolating carriers, and that immunization of all Dick-positive reactors is a more rational procedure.

#### WEST SUSSEX COUNTY MENTAL HOSPITAL.

*October 24th, 1934.*

Since the visit of our colleagues in February of last year, the outstanding change at this hospital has been the opening of the new admission block, and we congratulate Dr. Ainsworth and the Visiting Committee upon this valuable addition to the hospital buildings. It forms an excellent centre for the early treatment of mental disorders and its usefulness has been clearly demonstrated during the past 18 months. Our only regret has been that the overcrowding on the male side, to which we will have to return in a later part of this report, has not been affected to any extent by the additional beds in the admission hospital.

A great deal of reconstruction work has also been carried out during

the past year. The kitchen has been redecorated and in part reconstructed. It is now tiled throughout and it has also been re-equipped. We were glad to note the new fish fryer. The laundry is in process of reconstruction and noticeable improvements have been effected. New machinery has also been installed and there has been added a steam trouser press, a very useful adjunct, which will, we have no doubt, improve the appearance of the male patients' clothes considerably. At the present time the electrical rewiring of the hospital is in progress and after it is completed a good deal of needed redecoration of the wards will be carried out. We were very glad to hear that the silent films have been replaced by a talking film apparatus and that this is working very well and giving much pleasure to the patients.

During our tour of the hospital to-day we believe we have seen all the patients in residence and have spoken to many of them. Complaints, except upon the score of detention, were few and the patients appeared on the whole to be happy and contented. Except in some wards on the female side the patients were most quiet and orderly and we are sure that they receive kindly and patient nursing care and attention.

There are to-day 1,010 patients—393 men and 617 women—in residence. Of these, 22 men and 43 women are voluntary patients and 1 man and 3 women are temporary patients. Sixty-six men, of whom 30 are in the service or ex-service class, and 71 women rank as private patients. In addition there are 5 men and 4 women out on leave or on trial, which gives a total on the statutory books of 1,019.

There is evidence in these figures of the increasing use which is being made in West Sussex of the provisions of the Mental Treatment Act, 1930, and we are glad to learn that the out-patients' clinics at the Worthing Hospital and the Royal West Sussex Hospital at Chichester are proving increasingly useful. Already in 1934 the number of patients attending the clinics has exceeded the number attending in 1933. We feel that Dr. Ainsworth's work at the clinics would be facilitated by the appointment of a social worker who could investigate the home conditions of patients attending the clinics.

Upon the figures submitted to us there is no overcrowding on the female side, but on the male side there is a deficiency by day for 35 patients and by night for 5 patients. Some of the wards on the male side give the appearance of being very overcrowded and this is particularly noticeable in the dormitory and verandah of the male infirm ward. We should like to suggest that the possibilities of boarding out suitable patients under section 57 of the Lunacy Act, 1890, should be explored. The weekly maintenance charge for rate-aided patients is 23s. 4d. and for private patients from 35s. to 126s. The average weekly maintenance cost is 22s. 1·9d.

Sixteen men and 12 women enjoy parole beyond the estate and 24 men and 28 women have the more restricted privilege within the grounds. A number of the wards and villas are administered on the open-door principle to the gardens and grounds.

The nursing staff consists of 179 nurses, of whom 26 are on night duty. Forty-seven men and 32 women are certificated as mental nurses and 8 men and 18 women have passed the preliminary examination.

We were present to-day in several of the wards whilst dinner was being served and eaten. It consisted of roast beef, cabbage and potatoes, with rice pudding and looked appetising. We thought that gravy might be served in jugs on the various tables, as in one of the wards patients were eating their dinner without any—the gravy being in the scullery. We were glad to hear that plate warmers are gradually being introduced throughout the hospital.

The day-rooms and dormitories were generally in good condition—neat and tidy and comfortably arranged. There are a number of comfortable chairs in all day-rooms and the plants and flowers are a noticeable

feature. The ward gardens are laid out very prettily and are well cared for.

The supply of newspapers and books is adequate and there is an excellent central library where patients can change their own books.

We discussed the possibility of extension of occupation therapy at this hospital with Dr. Ainsworth and the organization involved. We are glad to learn that he will probably be able to visit certain mental hospitals where the working of therapeutic occupations may be seen.

The death rate for the year 1933 was 59 per 1,000 patients resident, compared with 72, the average for all mental hospitals in England and Wales. One hundred and twenty-three deaths have occurred since the last visit 20 months ago, and the cause of death has been subsequently confirmed by post-mortem examination in as high a percentage as 86. The highest figures are heart disease 40, pneumonia 33, of whom 25 were women, cancer 13, tuberculosis 8.

Inquests have been held on the deaths of 6 patients, associated with heart disease in 4 cases. All were fully reported to our Board at the time. One patient's death was due to suicide whilst on leave.

Accidents involving fractures have occurred to 6 men and 9 women, caused by falls or the action of other patients except in one case, where a man threw himself in front of a motor tractor.

The hospital has been free from infectious disease except for 4 cases of influenza directly after the last visit, 1 case of measles, 2 cases of scarlet fever among members of the staff and 6 cases of erysipelas among women patients, one of whom is at present under treatment. Two men and 6 women are regarded as tuberculous.

Six women are segregated in the isolation hospital as possible carriers of typhoid or dysentery and in other parts of the hospital 2 men and 10 women are known to have had dysentery and 2 women typhoid in the past but are not now considered a source of infection.

An increase in the water supply is being secured by extending the boring through a further 200 feet.

Reviewing the list of improvements and additions to the hospital which have been completed and undertaken since the last visit we are impressed by the substantial efforts in so many directions to advance the standard of care and treatment of the patients.

#### WARWICK COUNTY, COVENTRY COUNTY BOROUGH, AND BOROUGH OF WARWICK MENTAL HOSPITAL.

*November 6th, 1934.*

We have to-day completed the annual inspection of this hospital on behalf of our Board. We saw the bulk of the patients yesterday and found them clean, well clothed and for the most part very orderly. We were particularly impressed by the number of patients of each sex who spoke in most grateful terms of the care and kindness shown to them while in the hospital, and of the trouble taken for their comfort and welfare by the nursing and medical staff.

This morning we saw a squad of patients, male and female, at physical drill and dancing. It was a most creditable performance, but the instructress is handicapped by the fact that she has to work the gramophone, act as leader, and at the same time keep all the members of the class in their right positions. We suggested to her that her best pupils might act in turn as leaders, leaving her free to correct mistakes and so on. The patients obviously enjoyed the training, particularly the dancing, and the fact that the class was in uniform, the women in gymnastic dresses and the men in white shirts and blue trousers, adds, no doubt, to the pleasure of the female patients.

We thought that, with a few exceptions, the whole hospital was somewhat cold, and where we looked at the thermometers none was above 55 degrees.

In some of the quietest wards we found that the occupied siderooms are locked at night in the non-observation wards. The lavatories are left open but are consequently not available for those in the siderooms. We suggest that the locking of the siderooms is unnecessary in the case of reliable patients, and hope that the point will receive consideration.

We were very glad to hear that it is proposed to install plate-warmers in the wards; they are urgently required. Very little attempt had been made to warm the plates yesterday, and in the kitchen we saw roast being carved and put on hot water plates which, however, had no hot water in them.

The wards were well kept and were nicely decorated with flowers and plants and the colouring of some of the wards, notably Female 4, was very attractive.

The kitchen is small and crowded, and the traffic from the vegetable washing room brings into the kitchen a large amount of wet and dirt, which must be very disheartening to a cook. We think this is a matter which requires attention. There is no lavatory available near the kitchen, and the kitchen workers have to use a lavatory upstairs where there are no washing facilities. This again we regard as a very important matter and hope that some way of remedying the present state of things will be found.

We tasted a very good dish of curry and rice which was being served to the patients, which was to be followed by  $\frac{1}{4}$  lb. of walnuts.

We saw a very nice canteen and tea-room where patients and their friends can have tea.

We think that the allowance of books in the wards, namely fifteen, is far too small, particularly as they are only changed monthly, and we venture to suggest that a daily pictorial paper would be a very welcome addition to the one paper now provided in each ward.

The nurses' home is an extremely nice and well-equipped building, and the whole building will be occupied shortly.

The Committee have had much to occupy their time lately and that, we were told, was the reason that very important appointments have not been made, namely, a sister tutor and a social worker. We hope, however, the matter will be kept well in mind.

Since the last visit the bakery has been remodelled and a medical officer's house has been completed.

During the year 1933, of the 334 admissions 30 were voluntary and 4 were temporary. To-day on the books of the hospital there are the names of 555 men and 788 women, a total of 1,343. Of this total 38 are voluntary and 5 are temporary patients. Seventeen men and 16 women are now boarded out at the Alcester Public Assistance Institution under Section 26 of the Lunacy Act, 1890.

The figures given to us to-day show that on the male side there is a shortage of day space to the extent of 17, and vacancies for 9 by night, and on the female side 18 vacancies by day and 98 over the recognized numbers by night. We wonder if these figures are correct as we were informed that the whole of the beds, 52 in number, on the verandah in male ward Tipperary garden, are included in the available space, and it must be remembered that that ward is itself a combined day room and dormitory, the total number of patients in the ward being 84.

The nursing staff consists of 11 male and 14 female charge nurses, 51 and 76 ordinary, and 10 and 18 night nurses. Forty-four men and 38 women are certificated or registered as mental nurses, and 14 and 18 respectively have passed the preliminary examination.

The medical and nursing services of this hospital appear to us to be very satisfactorily carried out considering the age of the building, in comfortable wards with verandah annexes where possible, and many shelters for special cases. We do, however, strongly urge the necessity of an admission hospital with all the modern advantages for treatment and

classification which such an addition connotes, which would obviate many patients ever entering the main building, and replace the present most depressing and totally inadequate receiving rooms which we saw yesterday. We are further of opinion that the medical staff should be strengthened by the addition of another temporary medical officer until such time as a medical superintendent is appointed.

The death rate for 1933 is again higher than the average of all mental hospitals, particularly on the female side. This is accounted for, to a great extent, by the advanced ages of many of the patients dying during that period. During the 11 months covered by this report, there have been 103 deaths (33 male and 70 female) 38 of which were verified by post-mortem examination, a lower percentage than that recorded in the last report when attention was called to the matter.

Senility and its attendant involutional changes appears to account for the greater number of deaths, but amongst the remainder there appear general paralysis 13, tuberculosis 5 and 1 from enteric fever of which there were two cases (one of each sex) at the turn of the year. Two inquests held resulted in verdicts of death from natural causes.

Apart from enteric fever the general health of the hospital has been good. Two cases (female) of non-dysenteric diarrhoea occurred in July and one of mumps in September. There are now 3 male and 6 female patients suffering from tuberculosis who are receiving adequate nursing under open air conditions.

Three patients of each sex have sustained non-fatal fractures since the last visit, all purely accidental except one woman who was pushed over by another patient.

Whilst inspecting the wards we paid particular attention to the sanitary arrangements and would suggest more detailed directions in the disinfection of sanitary annexes, since we found on enquiry that the sides, doors and hand releases of the w.c.s received attention only once or twice a week, whilst the pans, floors and seats were cleaned daily. We also noticed that one of the partition walls in Male 3 is very badly in need of repair.

The method of dealing with foul clothing in the special department in the laundry leaves one in doubt whether sterilization is effective. One of the primary boiling tanks was to-day almost tight with articles which would seriously interfere with the effectiveness of the 15 minutes' steam boiling in this initial stage. We asked Dr. Leech to have confirmatory tests carried out on the effluent from the washing machine, and we also drew his attention to the ineffective method of using the autoclave for infective clothing.

Inquiries regarding the clinics show that these continue to do good work and that another has been opened at Coventry. This very necessary addition to the work of the medical staff should be kept in mind when giving consideration to our suggestion above for another medical officer.

We were greatly interested in the occupation therapy now being carried on amongst recent admissions and hope that very shortly it may be found possible to institute ward classes amongst the more chronic patients, which has proved so valuable elsewhere in similar institutions.

Although we could not devote much time to the laboratory we were able to satisfy ourselves that this department is of great value, not only for routine examinations, but also in the biochemical and bacteriological investigations required in modern treatment.

#### THE ISLE OF WIGHT MENTAL HOSPITAL.

*May 8th, 1934.*

We have to-day completed the annual visit to this hospital on behalf of our Board which we commenced yesterday. Our visit has been an interesting one and we must pay tribute to the progressive spirit which

is being manifested in the administration of the hospital. A noticeable feature here is the number of patients who are being admitted under the Mental Treatment Act and it is apparent that every effort is being made to ensure the successful working of the Act in the island. During 1933 of the 86 new cases admitted 26 came in as voluntary patients and 5 as temporary patients and there are at present 9 patients in each category. Half of the voluntary patients admitted in 1933 came from the clinics at Newport and Ryde, where the number of attendances during the year was 611 and the number of new patients 102; these patients include a significant number of children of school age who were treated for conditions other than mental deficiency. A number of patients entertaining to a dangerous degree suicidal tendencies have also been referred to the clinics and it is hopeful to hear that none of these patients have broken down.

The recommendations made by our colleagues at their last visit last year have been put into effect and we have been charmed by the way in which, particularly, the ward gardens have been improved. These are quite delightful and the patients show little desire to destroy the flowers in the flower beds.

There are to-day 324 patients in residence, 307—109 men and 198 women—are under certificate, 9—2 men and 7 women—are voluntary patients, and 8—2 men and 6 women—are temporary patients. In addition, 4 men and 2 women—one of the latter being a temporary patient—are out on leave or on trial, giving a total of 330 on the statutory books. We have seen all the patients in residence and we have spoken to many of them and we have found them on the whole to be quiet and well behaved and in receipt of most understanding medical care and careful and kindly nursing attention. Fifteen men, 7 of them in the service or ex-service class, and 23 women are here as private patients.

There is no overcrowding on either side of the hospital.

The charge for maintenance for rate-aided patients is 23s. and for private patients from 30s. to 109s. The average maintenance cost is 23s. 3d.

A most pleasing feature of this hospital is the lack of locked doors, which creates an atmosphere of freedom from restraint and does much, we are sure, to make the patients orderly and contented. One ward on each side is open to the grounds and 3 wards on the male side and 3 wards on the female side are open to the ward gardens. A great deal of nursing of bed patients is done in the open air and the patients are encouraged to be out of doors as much as possible.

The wards themselves are comfortable and homely and much is done to make them as cheerful as possible. Some are badly in need of redecoration, but there is a scheme of redecoration afoot and some wards have already been repainted and others will be done in turn. We were pleased with the useful lockers between the beds in some of the dormitories. These are home-made and will, we hope, be added to as time goes on. Further wireless sets have been installed—3 new ones since the last visit. The out-of-date pictures are gradually being removed and we hope that suitable new pictures, perhaps of the poster type, will in course of time replace them. We have discussed with Dr. Davies-Jones certain small points with regard to the toilet arrangements—the need for more combs, towels, bedroom slippers, and dressing gowns in the dormitories in which patients are expected to go to the w.c.s at night instead of using chambers, and coat hangers in ward cloakrooms—which we are sure will have his sympathetic attention.

We found that the diet is a good one and varied in a four-weekly rota. In our visit to the kitchen we were much struck by its need for decoration and modernization of equipment. Many labour-saving devices are needed and we feel that a cold storage plant would be of great advantage. A vegetable room is also required, as the present arrangement whereby the vegetables are prepared in the room in which the washing up is done

is not really satisfactory as the space is overcrowded. In any reconstruction of the kitchen premises the w.c. and lavatory accommodation should be placed together instead of far apart as at present.

We are glad to observe the beginning which has been made in the use of occupation in handicrafts in the exercises and other means to restore patients to habits of usefulness and we trust that further progress will be made in applying these methods to patients who are not able to attend the special rooms. In making enquiries about staff employed in directing patients' occupations we were surprised to discover that two carpenters were not on the established list and were not within any pension scheme. On inquiring further we learned that there were 12 other officers, with from 1 to 15 years' service who were also outside the pension scheme.

Since last visit a room has been adapted for use as a dental room, and a new telephone system has been installed. We were very pleased, too, to hear that a laboratory assistant had been appointed and we understand that she is doing useful work.

The staff includes 23 male and 33 female nurses, of whom 5 of the former and 6 of the latter are on night duty. Thirteen of the men and 8 of the women are certificated or registered as mental nurses and 2 men and 10 women have passed the preliminary examination.

The average milk yield at the farm during the year ending March 31st was only  $1\frac{1}{2}$  gallons a day per cow. It is not unlikely that the profitable experience in other farms of installing an automatic water supply would be repeated here. New pails, devised on hygienic principles, are being added to the equipment.

No serious accidents have occurred to patients since the last visit, over 7 months ago, and no infectious disease has arisen, but 7 patients on each side have had short attacks of influenza with intestinal symptoms; no bacterial evidence of the enteric infections was found during the examination. All the patients recovered.

Two women are under treatment for tuberculosis one pulmonary the other abdominal.

In the period under review 16 deaths have occurred, the causes of which were verified in all 16—7 were due to pneumonia and 1 to intestinal obstruction, for which an operation was performed at a nursing home. No deaths were due to infectious diseases.

Eight women who have at some time had typhoid fever are segregated in a special compound to avoid contact with other patients. Care is taken to treat their linen effectively in the laundry, but it would be well to perform bacterial tests on the woollens from these and patients of faulty habits in order to assess the efficacy of the disinfection in the laundry.

The medical superintendent, Dr. Davies-Jones, continues to be assisted by Dr. Wood, his deputy, and the desirable practice of appointing a clinical assistant is being continued—Dr. Edwards at present holding this short-term appointment. A consulting physician and a consulting surgeon have also been appointed.

One of us had the pleasure of meeting the vice-chairman of the Visiting Committee, Mr. Sanders, and three other members of the Committee.

#### WILTSHIRE MENTAL HOSPITAL.

*April 13th, 1934.*

We have spent the past two days in visiting this hospital on behalf of our Board and we were very sorry to find on arrival that the Medical Superintendent, Dr. Cole, was seriously ill with pneumonia and pleurisy. We are glad to hear that he is now out of danger and we wish him a speedy recovery. In his absence we have had every assistance from his deputy, Dr. Leech and the other members of the medical staff. During the course of our visit we have had opportunity of discussing several matters of detail with Dr. Leech and we do not propose to refer to them in the body of this report. We believe we have seen all the patients in residence to-day.

We have talked to many patients and have given one private interview. On the whole the patients seemed contented and few complaints, except on the score of detention, were made. Those which were made, however, particularly on the female side, related in several instances to the noisiness of the wards. We have ourselves noticed that the wards in this hospital are somewhat noisier than similar wards in other mental hospitals we have visited. In considering causes for this we are impressed by the lack of occupation amongst the patients and also by the fact the staffs in some of the wards seemed unusually small in number, and this in spite of the fact that the general proportion of staff to patients is not below the general average for all mental hospitals. It may not be out of place to mention here the large amount of seclusion since the last visit. Twenty male and 52 female patients have been secluded for a total of 20,029 hours.

There are at present resident in the hospital 522 male and 643 female patients—a total of 1,165. Of these, 2 males and 5 females are here on a voluntary footing. The remainder are under certificates. Thirty-four of the men and 18 of the women are private patients, 30 of the men being service and ex-service patients. Three men and 1 woman are at present out on leave or on trial and this gives a total on the statutory books of 1,169.

There is a certain amount of over-crowding on both sides of the hospital. Day space is overcrowded by 25 on the female side and the night space by 14 on the male side and 17 on the female side. Three male and 2 female patients enjoy parole beyond the estate and 168 males and 46 females within the grounds. The weekly maintenance charge for rate-aided patients is 18s. 1d., and for private patients from 25s. to 30s. The average weekly maintenance cost as last ascertained is 17s. 8  $\frac{1}{16}$ d.

The day-rooms and dormitories were neat and tidy and a good deal of internal redecoration has been carried out. Cloakroom space is, however, very restricted, and the patients' out-door clothing is bundled together in a way which must diminish the length of time the garments can be worn. We should like to see long rods fixed where it is possible and the coats hung on coat hangers. One ward in particular where this could be done is male annexe 2.

We think that portable wireless sets would be appreciated in some of the wards. At present there is only one which we understand was obtained by the patients of the particular ward in which it is by their own efforts.

The ward gardens at the main block can hardly be so called, they are much more of the airing court type and much might be done to improve their appearance. We would also like to see more done to the gardens at the annexe; the grass would be much improved by being rolled and cut and flower beds might be made. We would also like to see some garden space at the nurses' home.

There are a number of books in the ward book-cases and these are changed each month from the central library, but no patient is allowed to change books for him or herself—which is rather a pity. In most wards only one daily paper is provided, and we would like to see a greater number of weekly papers supplied, such papers as *Answers*, *Tit-Bits*, *Home Chat*, *Home Notes*, are always much appreciated by patients. We were very pleased to hear of the success of the canteen which started in October last. A kiosk has been erected in the grounds designed by one of the medical staff and built by a patient—and it is well stocked with a great variety of articles and is open all day from 9 to 6. The patients patronise it extensively and it is undoubtedly a most useful addition to the amenities of the institution.

As mentioned by our colleagues in the last report, the hydro-extractors in the laundry are in need of protection against accident—we understand, however, that action is now in contemplation—we hope that safe guards will shortly be added. We also noticed that the calenders need a protection in a manner which we explained to the engineer.

We have made mention earlier in this report of the question of occupation. It appears to us that there is a real need in this hospital for treatment on occupational lines. We understand that it becomes more and more difficult to obtain workers in the laundry and sewing room and we feel sure that if occupational training were started in this hospital this difficulty would disappear. We have seen the work done by the class held by the housekeeper and of its kind it is quite good but very limited in its scope. It would be most helpful to the spread of the work if some of the male and female nurses could be interested in arts and crafts classes in Devizes as their help in promoting occupations in the wards would be invaluable.

The staff of nurses is as follows:—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	11	13	24
Ordinary	...	...	...	...	...	...	50	52	102
Night ...	...	...	...	...	...	...	15	17	32

Thirty-eight men and 14 women are certificated or registered as mental nurses and 16 men and 12 women have passed the preliminary examination.

The mortality rate per cent. for the year 1933 was 6.1. Since the last visit there have been 75 deaths, a post-mortem examination having been made in 92 per cent. of the cases. Amongst the causes of death, diseases of the circulatory system have claimed 29 victims, those of the respiratory system have accounted for 14 deaths and 15 patients have died from senile decay.

Inquests have been held on 6 patients during the same period. In 5 of them the verdicts were that death was due to natural causes, and in the 6th case that it was caused by a "severe wound in the throat self-inflicted when insane." The circumstances attending this case were reported to our Board at the time.

Since the last visit, 7 patients, all on the female side, have suffered from influenza, with 1 death. Dysentery has again shown itself, there having been 17 cases, almost equally divided between the sexes, with 5 deaths. We are satisfied that great efforts are made to cope with this disease both bacteriologically and by segregation. The difficulties in the way of the latter are great, as the wards set apart for patients who are known to have suffered from this disease are now full, and further, the dormitory and, on the female side, the airing court space, are shared with patients from other wards, and it is difficult to see how this can be obviated so far as the dormitories are concerned. That the disease does not spread to any extent is due to the active steps taken, including prophylactic doses of vaccine, to deal with the cases as they arise.

There have been 6 deaths from tuberculosis since the last visit, and 17 cases are known at the present time. The need for a verandah under which male patients can be treated is great.

There have been 6 serious casualties since the last visit, all due to accidental causes.

#### WORCESTER COUNTY AND CITY MENTAL HOSPITAL, POWICK.

*July 4th, 1934.*

Since the visit of our colleagues to this hospital 15 months ago, a number of very useful improvements and additions have been carried out, with resulting benefit to the patients. Amongst these may be mentioned, the installation of a talkie cinema apparatus, the opening of a canteen for patients and the installation of a refrigerator for the storage of meat. These improvements, the first and last of which have been made possible by the recent installation of electricity throughout the hospital, are all proving of great value. In addition, internal automatic telephones have been installed throughout the hospital, and a new foul washing machine

in the laundry. Work now in progress includes the relocking of the hospital generally and the installation of a new dough mixer in the bake-house. We think that the Committee are to be congratulated on the energy with which they have undertaken these improvements.

We found on the statutory books to-day the names of 1,137 patients, in the proportion of 497 men to 640 women ; 4 of the latter are at present on trial, leaving 1,133 patients in residence, of whom 1 man and 3 women are voluntary patients. There is 1 patient of each sex at present in residence on a temporary basis. There are 15 private patients (8 men and 7 women) and 24 men in the service or ex-service class. Out-county cases number 327 (175 men and 152 women), chargeable as follows : 104 men and 100 women to the Birmingham Mental Hospital Committee, 69 men and 10 women to the County Borough of East Ham, 40 women to the Berkshire County Council, and 4 other patients, 1 each, to 4 other authorities.

During the year 1933, 1 man and 7 women were admitted as voluntary patients and 1 man as a temporary patient, while during the first 6 months of this year 6 patients have been admitted on a voluntary basis and 3 on a temporary basis. These figures, while showing an increase in the number of patients received under the provisions of the Mental Treatment Act upon those for the previous year, are distinctly lower than the average. We have discussed the matter with Dr. Fenton and suggested the desirability of further steps being taken to inform the general practitioners of the area of the provisions and possibilities of the Act. We should also like endeavours made to ensure that the relieving officers of the area are well versed in the provisions and practices of the Act and that every patient's case is considered from the point of view of its provisions. In connection with the working of the Mental Treatment Act we were also a little surprised to find that during the past 12 months only 9 men had made 15 attendances at the out-patient clinic, the corresponding figures for the women being 15 with 17 attendances. We hope that the numbers attending this clinic will increase as the provisions of the Act become more widely known.

According to the statistical returns made to us to-day, there are vacancies for 9 men by day and 51 by night, while in the female side there are vacancies for 29 patients by day but a deficiency of space for 4 beds.

Visiting this hospital one cannot fail to be struck by the handicap under which it labours due to the age and original construction of the main buildings. This is especially noticeable in the reception wards, where classification both in the wards themselves and in the ward gardens, is exceedingly difficult. While we are satisfied that Dr. Fenton and his staff are making the best use of the accommodation and treatment facilities available, we cannot but feel impressed with the need for a hospital of this size and importance of an admission hospital with a modern treatment centre, including facilities for light treatment, hydrotherapy, and pathological laboratory. Such a unit is, in our view, an essential here if work under the Mental Treatment Act, which should increase considerably in the near future, is to be efficiently carried on. Meanwhile we are glad to hear that ultra-violet ray plant is about to be installed and hope that the installation of an X-ray plant, which has been found to be of immense advantage at other hospitals, will not be long deferred.

During our tour of the wards we found the patients generally as contented as their mental state would allow. Such complaints as we received were mainly on the score of detention and mostly from out-county patients. We investigated one or two complaints made to us on other grounds and are satisfied that they were entirely unfounded and due to the mental condition of the complainant. The patients' clothing was satisfactory.

The wards, galleries and dormitories were in good condition and we were pleased to find that coat hangers have been erected in many of the cloakrooms. Extra lavatories have been added in wards M2 and F1 and

the ablution room in ward M4 has been entirely renovated and more basins added.

We inquired into the facilities for games and recreations enjoyed by the patients. It was evident to us that great attention is paid to these matters by Dr. Fenton and his staff. Wireless is installed throughout the hospital and much enjoyed by the patients. There appeared to be a sufficient supply of daily and weekly papers and periodicals in all the wards and plenty of indoor games. We heard with pleasure that patients are encouraged to take part in active outdoor games such as cricket and football.

On looking over the library arrangements we found that a number of very readable books had recently been purchased from the city library. Generally the arrangements appeared satisfactory and we were glad to hear that patients are allowed, if desirous of so doing, to choose their own books from the library direct at stated times.

Entering the laundry we were struck by the high temperature in which the patients were working. Owing to the fact that the yard outside this building is used for storage of coal it is impossible to open the windows without admitting coal dust. It is true that the day was a hot one, but we feel nevertheless that effort should be made to reduce the temperature as much as possible. We suggest that much might be gained in this direction by doing away with the stove now used to heat the irons and replacing the latter with electric irons. We noted that the calender had been protected as suggested by our colleagues last year.

We paid a visit to the farm, of which a new bailiff has recently been put in charge. Generally the arrangements to ensure a supply of clean milk were satisfactory, but we should like to see up-to-date sterilizing plants installed, and cooling plant also appears desirable.

A matter which is receiving much attention in mental hospitals at the present time is the provision of occupational treatment for patients. The object in view is twofold—to help the recently admitted patients to widen their interests and so to help toward their more rapid recovery, and also, with the more chronic patients, to assist in preventing mental deterioration, which is so marked a feature in many of them. In hospitals where this method of treatment is in working order it is the general experience that the tone of the institution is improved, that the patients are happier and more contented, and that the often onerous work of the staff is made pleasanter and less difficult. As a part of occupational treatment, especially for the younger patients, the importance of regular physical exercises and drill should not be lost sight of.

The mortality rate per cent. for the year 1933 was 7.1. Since the last visit there have been 103 deaths, post-mortem examinations having been made in 78 cases, giving a percentage of nearly 76.

The majority of the deaths were due to conditions associated with the circulatory (37) and respiratory (21) systems. Ten patients died of organic brain disease and 9 each from senile changes and from cancer.

No inquest has been held since the last visit. During the same period there have been 8 serious but not fatal casualties, involving fractures of bone, either accidental or, in 4 cases, occurring during altercations with other patients.

There have been no cases of influenza or dysentery since the last visit. There was a case of enteric fever during the autumn, the disease fortunately not spreading, and quite recently an old patient has died of diphtheria. During the routine examination of the patients in the latter's ward it was discovered that a recently admitted man was the probable source of infection—swabs from his throat have persistently shown bacilli to be present, though he has shown no clinical signs of the disease since he has been here.

There have been 20 cases of pneumonia with 18 deaths spread over the past 8 months.

Tuberculosis has accounted for 5 deaths and there are 5 known cases at the present time.

The present staff of nurses comprises 57 males and 74 females, of whom 11 of each sex are charge nurses and 8 and 10 respectively are on night duty. No female nurse is employed on the male side. Those who are certificated or registered number 34 men and 28 women and 12 men and 24 women have passed the preliminary examination only.

During our visit we have noticed that the great majority of the female nurses sleep in rooms off the wards, sometimes 2 or even 3 in a room. In similar hospitals where a separate nurses' home has been provided it has been found to add greatly to the contentment and well-being of the staff, as well as to increase the ward accommodation for patients. We trust that the Committee will carefully consider this matter as one which will add considerably to the comfort and efficiency of the hospital.

We have had occasion to examine the case notes of a number of the patients and have been much pleased with the manner in which they are kept.

Dr. Fenton now has the assistance of Dr. E. P. Boyle as deputy medical superintendent and Dr. C. E. Perry and Dr. C. J. C. Wilson as assistant medical officers. Dr. Boyle accompanied us throughout the greater part of our visit owing to Dr. Fenton's absence on leave. We take this opportunity of thanking all the members of the medical staff for the assistance they have given us during our visit.

#### WORCESTER COUNTY MENTAL HOSPITAL, BARNSLEY HALL.

*December 10th, 1934.*

Since this hospital was last visited by two of our colleagues over 20 months ago, the Committee has suffered a serious loss through the death of Dr. Percy T. Hughes. As the first Commissioners to visit the hospital after his decease, we should like to associate ourselves with the tribute to the valuable work he performed and to his memory which is contained in the Report of our Board for the year 1933.

To his successor, Dr. A. H. Firth, we wish every success in his new and responsible post.

There are at present on the books of the hospital the names of 722 patients, in the proportion of 310 men to 412 women. Six men and 9 women are at present on trial, leaving 304 men and 403 women in residence, of whom 1 man and 3 women are voluntary patients. Service or ex-service patients number 17, and 25 men and 49 women are classed as private patients.

We observe from the statistical return made to us to-day that the hospital is overcrowded, on the female side, to the extent of 45 patients by day and 66 patients by night, while on the men's side there are 29 vacancies by day but a deficiency of accommodation for 16 patients by night.

The position as regards overcrowding thus remains serious on the women's side, though we are informed that it is likely to be eased to some extent by the removal next spring of 19 women at present here under contract with the city of Birmingham.

In the circumstances we think that every possible step should be taken to reduce overcrowding.

During our visit we noticed a certain number of female patients who might suitably be boarded out in some form if proper arrangements could be made for them. In other parts of the country experiments have recently been made in boarding out suitable patients which are proving successful and seem to be greatly appreciated by the patients concerned. Valuable help in this direction can be obtained through the services of a social worker, whose duties would include making the necessary arrangements for boarding out with patients' relatives or foster-parents, and reporting

on the patient's progress in the new home. The services of a social worker are also of the greatest value in making inquiries, in the case of newly admitted patients, as to the factor associated with their breakdown and in assisting to obtain a thorough history of the patient, while they can also do much towards preparing for the discharge of recoverable cases by visiting the home and advising the relatives. Well-trained social workers are now obtainable and the Commonwealth Fund is, we believe, still prepared to pay two-thirds of their salary for the first year. We suggest that it might be possible to reduce some of the overcrowding by boarding-out arrangements on the above lines.

During the year 1933 5 men and 4 women entered the hospital on a voluntary basis and 1 woman was received as a temporary patient. So far this year 9 voluntary patients and 3 temporary patients have been admitted. Direct admissions up to date this year number 98, so that the percentage, in the case of voluntary patients, to direct admissions, is roughly 9, and in the case of temporary patients 3. These figures compare somewhat unfavourably with the corresponding average for all mental hospitals and we should like to suggest that the Committee might with advantage invite the co-operation of the public assistance committee with a view to ensuring, through the agency of the relieving officers, that every patient's case is considered from the point of view of his being a potential, voluntary or temporary patient. Such a course appears particularly desirable in the case of patients received from public assistance institutions, whence, we understand, about 50 per cent. of the patients at this hospital are admitted.

We regret to note that only in 1 case sent out on trial during the past 23 months has a money allowance been granted. We hope that it will be found possible to extend the use of this useful provision of the Lunacy Act in suitable cases and thus assist such patients over the very difficult circumstances attending return to normal civil life.

The only improvement of importance since the last visit has been the extension of the Clerk's office. We understand the provisions of an operating theatre and erection of a house for an assistant medical officer are contemplated at no distant date.

We made a complete tour of the hospital and found the wards generally in very good decorative state. The dormitories, though considerably overcrowded on the female side, were clean and well-aired. We were glad to see that the patients accommodated in the female reception ward no longer use C garden for exercise, but make use of a somewhat smaller garden adjoining it, which they share with patients from one of the more quiet working wards.

We noted that at present wireless is only installed in 2 out of the 8 wards in each division and hope that its extension to all the wards will receive consideration.

Facilities for hanging coats in the ward cloak-rooms are somewhat poor and we should like to see provision made for this purpose by means of rails upon which coat-hanging fitments could be hung. There is no doubt that arrangements of this nature make for economy in space and also from the point of view of wear and tear of the garments.

We should like to see a larger supply of books in the ward book-cases, some of which we noticed (in the more turbulent wards) were empty. We are aware that a certain amount of destruction of books takes place, but believe that this might be reduced by increased occupation of patients in the wards. We would observe that book-binding is, in itself, a suitable occupation for either sex.

We were present when dinner was being served in some of the wards yesterday. The roast beef appeared to be somewhat tough, for which, on inquiry, we could discover no adequate reason. The diet is on a fortnightly rota. We discussed with Dr. Firth the possibility of serving the meals in a more appetising manner and of providing a second course

three times a week. Potatoes are always served in their jackets. If a potato-peeling machine were installed greater variety could be obtained in this direction.

The patients were in general, orderly and suitably dressed. We received no complaints other than on the score of detention or in regard to the lack of variety in the dietary already mentioned.

Some attempt is being made to provide occupational treatment for the patients by means of 2 women instructors and 1 male instructor who visit the hospital 2 hours a week each in the mornings. Sixteen to 20 women attend the classes and about 8 men, but no effort has yet been made to extend the system to the wards.

In our view the first essential is the training of the nursing staff and we hope that every possible step will be taken to that end.

During our tour of the workshops, which provide ample accommodation we noticed that very few patients were employed therein. We observe also that 60 per cent. of the male patients and 47 per cent. of the women shown as employed are classed as ward workers and venture to suggest that as an aid to fuller organization of occupational treatment it might be of advantage to fix the number of patients employed in that category in each ward.

Out-patient clinics continue to be conducted on two days a month at both the Corbett Hospital, Stourbridge, and the General Hospital, Birmingham. Thirteen patients made 19 attendances at the former venue and 41 made 173 attendances at the latter.

The death rate for the year 1933 was 8.1 per cent., being considerably higher amongst males (11.2 per cent.) than in females (5.7 per cent.). The incidence of pneumonia on the male side accounts for this preponderance.

Since last visit, in the 49 deaths that occurred, post-mortem examination was made in 41 instances, or 86 per cent. of all deaths.

The two chief causes of death were heart disease, to which 20 deaths were attributable, and pneumonia, which claimed 11 victims, of whom 10 were male patients. There has been no inquest.

Ten serious but not fatal accidents are reported as having occurred. Of these, 8 were of purely accidental nature, such as a fall. The remaining 2 were the result of violence.

There has been no enteric or dysentery; one case of diphtheria was dealt with and a small outbreak of scarlet fever, which commenced in October 1933. Eight males were attacked and later 3 females also suffered, though it does not appear that these outbreaks were connected. At present there are no cases of zymotic disease and only 5 patients are suffering from tuberculosis.

We find, then, that the health of the hospital has been good. During our visit we noted the number of female patients in bed (51). At last visit there were 72. These patients, including those in single rooms, were receiving excellent care. There were 7 patients on mattresses on the floors of single rooms, but in only one of these rooms were the shutters closed. We were satisfied that each of these cases had received due consideration.

The laboratory is of much clinical value. Though there is no assistance the medical officers themselves conduct most necessary examinations, but Wassermann or other examinations of the sort are done at Birmingham.

We had occasion to peruse the clinical notes relative to a number of patients and express our appreciation of the very satisfactory way in which these records are kept.

The dairy is well provided for the cooling of new milk and the sterilization of utensils. The milkers, who are paid hands, have facilities for washing. Gowns are supplied. Directions as to washing before milking should be exhibited in appropriate places.

The present nursing staff consists of 46 male and 52 female nurses,

of whom 7 and 10 respectively are on night duty. Approximately 84 per cent. of the men and 28 per cent. of the women are certificated or registered in mental nursing. No female nurses are employed on the male side. The hospital is at present without the services of an assistant matron.

Dr. Firth has the assistance of Drs. Andrew Shepherd and J. B. Harris.

YORKSHIRE (EAST RIDING) MENTAL HOSPITAL.

*October 31st, 1934.*

The general impression we have formed during our tour of this hospital, which occupied yesterday afternoon and the greater part of to-day, is that an excellent tone prevails throughout and that the whole of the medical and nursing staff have the interests of the patients much at heart.

There are to-day in residence 638 patients, in the proportion of 294 men to 344 women, one of the former and six of the latter being voluntary patients. No temporary patient has been admitted this year or is at present in residence. Out-county patients number 118—an increase of 3 upon the total at the last visit. There are 33 patients classed as private (19 men and 14 women), of whom 13 men are service or ex-service patients.

There are 10 vacancies by day and two by night for male patients and while on the female side the number of patients on the statutory books exactly equals the prescribed accommodation by night, there is a deficiency of accommodation for 15 patients by day.

During the present year 19 patients (4 men and 15 women) have been admitted on a voluntary basis, showing a percentage on the direct admissions for the same period (111) of just over 17. This percentage, we believe, is about the average for all mental hospitals, but we think is none the less capable of improvement. We understand that at least 75 per cent. of admissions pass through the public assistance institutions and, in these circumstances, venture to suggest that the co-operation of the public assistance committee should be invited in order to ensure that all cases passing through those institutions are considered from the point of view of being potential voluntary or temporary patients, thus securing to them the benefits of the Mental Treatment Act. Since the passing of that Act the cardinal principle should be that, no patient should be brought in under certificate if he could have been brought within reach of treatment by other means.

We have been much interested to hear that Dr. Davie intends in the very near future to open an out-patient clinic at this hospital. We have discussed this question with him and are satisfied that the area presents special difficulties in regard to opening such a clinic at any of the general or other hospitals therein.

We are pleased to see that practically all the points drawn attention to by our colleagues last year have been attended to. For example: alterations have been made in the type and texture of the women's under-clothing, notices regarding correspondence, etc., are to be found in every ward, and the hydro-extractors in the laundry are sufficiently protected.

The dormitories, day-rooms and galleries were well kept and nicely arranged. The sanitary annexe to male ward 2 hardly comes up to mental hospital standard and we hope that it will be found possible to enlarge and reorganize its accommodation at no distant date. We would also suggest that the provision of coat hangers in the cloakrooms in both divisions would conduce to tidiness and also lengthen the life of the garments hung there.

We were a little surprised to find that there is no canteen at this hospital. Such a method of supply of goods, both to hospital patients and staff, is now a common feature in similar institutions and of great assistance in providing char-a-banc rides, wireless, etc., through the Patients' Benevolent Fund.

A number of useful improvements have been carried out since the last visit, including: Provision of a verandah to the female admission

ward, and the extension of its gallery by incorporation of a room formerly used as a clinical room, the latter being transferred to another part of the ward. Other alterations comprise the enlargement of the ward garden used by the women patients in wards 2, 6 and 7 by taking in a piece of agricultural land; and the provision of a refrigerator.

The main central and administrative part of the hospital is now lit by electricity from the public supply, but as yet electric light has not been introduced into the male and female sections of the hospital. Visiting the laundry ward and dormitory late yesterday evening we could not fail to notice the contrast between the illumination by electric light there and by gas in the other female wards. We hope very much that it will be found possible to extend electric light throughout the remainder of the hospital at an early date.

Visiting the kitchen, we noted the need for its complete reorganization, plans for which we gathered were being prepared by the county architect. At present redecoration is useless owing to the presence of large volumes of steam from various cooking receptacles. Early action in this matter appears to us desirable and perhaps when the work is taken in hand the Committee would consider the instalment of a fish fryer and a mixing machine, which would enable greater variation to be obtained in the diet.

The patients generally appeared contented and, apart from suggestions made by one woman regarding the diet, we received no complaints other than on the score of detention. We were satisfied with the dress of the patients and from the inquiries we made during our tour and inspection of the ward stock lists satisfied ourselves that the ward supplies were sufficient. We inquired also into the patients' recreations and amusements, which include silent films and dances in alternate weeks in the winter months, occasional concerts, and cricket and bowls for the male patients by way of outdoor games. We wondered whether games of football would not be appreciated.

Full parole is granted to 43 patients (31 men and 12 women) and 20 men enjoy a like privilege within the grounds. One male ward is administered on the open-door principle, being open to the grounds.

We have been glad to have the opportunity of discussing a variety of matters with Dr. Davie and have been much impressed with the soundness of his views and his sure grasp of the problems with which he has to deal. Part of our discussion was devoted to occupational treatment, for which we feel there is great scope here. We made certain suggestions to him which he will consider with a view to putting this form of treatment on an organized basis.

In visiting the various wards we saw many young patients, both men and women, who, we believe, would benefit greatly both physically and mentally from physical exercises, especially if the exercises were carried out for short periods of about 20 minutes each day. The large dining hall is a most suitable room for such activities during the winter months, and in the summer it would be best to hold the classes in the gardens. In some hospitals the arrangement that has been found most satisfactory is to delegate the task of organizing and instructing the classes to one or two nurses who have some knowledge and experience of the modern methods of physical training.

We saw the dinner being served in the large dining hall to-day. The meal consisted of broth which was nutritious and served hot and expeditiously. On examining the dietary we thought it would be much improved if it were varied by the introduction of bacon and marmalade instead of porridge in some of the breakfasts, sweets more frequently at dinner, and cake or fresh fruit at tea-time, at least once a week. We recognise that until the kitchen is reorganized and modernized it will not be possible to make any considerable changes in the dietary but believe our suggestions to be practicable with the present kitchen arrangements.

The mortality rate of 7 per cent. for the year 1933 corresponds with the mean rate for mental hospitals in England and Wales. Seventy-three patients have died since the last visit, the chief causes of death being cardio-vascular diseases 26, organic brain diseases 16, respiratory diseases 12—6 of these cases were tubercular.

Inquests have been held in 3 cases. In 1 case the patient drowned himself; another patient committed suicide by taking a quantity of aspirin tablets, and a third by hanging himself. Each of these patients were on leave or parole when death occurred.

Four patients have recently sustained fractures—2 were caused accidentally and 2 resulted from altercations with other patients. Good results were obtained by treatment in each case.

Special attention was paid to the patients in bed at the time of our visit. With a few exceptions these patients were in the admission ward or in the special wards allotted to the sick and infirm. We were glad to find a good number of these patients on the verandahs and to note that comparatively few were being nursed in the single rooms off the corridors.

In each of the wards and verandahs where patients are nursed in bed it would be a great convenience if there was a wash-basin of the type found in the wards of most general hospitals. At present water has to be carried in bowls a considerable distance and this must necessitate the nurses being away from the wards for a certain time.

The nursing staff at present consists of 41 men (35 for day and 6 for night duty) and 43 women (37 on day and 6 on night duty). Twenty-six of the men but only 9 of the women are certificated or registered. A record of the numbers of nurses who have presented themselves and have been successful at the examinations during the last few years indicates that the instruction is upon sound lines.

Dr. Davie accompanied us throughout our visit. He continues to be assisted by Drs. E. P. Harding and Jean B. Parker.

#### YORKSHIRE (NORTH RIDING) MENTAL HOSPITAL.

*February 27th, 1934.*

We have to-day completed a most interesting and instructive visit to this hospital. We found a spirit of enlightened progress everywhere in evidence and consider that Dr. Russell and his staff are much to be congratulated on the state of the hospital.

There are to-day resident in the hospital 947 patients in the proportion of 406 men to 541 women, 22 of the former and 37 of the latter being voluntary patients. There are also 3 female temporary patients. Private patients number 61, 15 being in the service or ex-service class, while out-county patients, chargeable to 7 different authorities, total 117, of whom 55 are males. There are 9 vacant beds on the female side, and 44 on the male.

The figures relating to the operation of the Mental Treatment Act, in connection with this hospital are both interesting and significant. During the year 1933, the admissions totalled 181, and of these, approximately 29 per cent. entered the hospital as voluntary patients, and 3.3 per cent. as temporary patients. We believe these percentages to be much above the average annual percentages for all mental hospitals in England and Wales, and find that they result from the excellent work done by the local authority in instructing the relieving officers of the area upon whom, to a great extent, depends the operation of the Act. We feel that the action of the Local Authority in this respect is deserving of every commendation.

Generally, we found the premises of the hospital in good condition, though a number of the wards are somewhat in need of decoration. Our visit was paid on two exceptionally cold days, but all the day-rooms and galleries seemed well warmed and comfortable. There was an ample

supply of books, papers and indoor games for the patients, and a very creditable provision of plants and flowers, having regard to the time of year. Since the last visit, improvements to the kitchen block, involving alterations to the scullery, dairy and bakehouse, and the addition of new quarters for the kitchen staff have been completed, other improvements including the conversion of the old annexe dormitory into nurses' rooms, and of the disused laundry at the villa into an occupational room for female patients. At the present time work is in progress on the addition of 12 rooms to the nurses' home, and plans for the reconstruction of some outbuildings into male workshop accommodation, are under consideration.

The patients were well dressed and neatly shod, and in general appeared healthy and well nourished. We were pleased to note the good condition of the ward gardens, which are cultivated by the patients themselves, and well supplied with shelters, the thatched roofs of the latter being of pleasing appearance.

There has been no mechanical restraint since last visit, and only 6 patients have been secluded for a total of  $50\frac{2}{3}$  hours.

Every effort is made to free the patients' lives from restrictions as far as possible. Parole beyond the estate is granted to 29 men, while 42 men and 6 women are allowed parole within the estate. Five wards are "open" to the ward gardens, and 3 (all for males) to the grounds.

During our tour of the wards, we were struck by the small numbers of patients in evidence in the ward gardens. Save for those in bed, or convalescing from influenza, practically all the patients were to be found engaged in some form of occupation, the majority being in the various occupation rooms or in the day-rooms specially devoted to hand craft.

The occupations practised are extremely varied in character and do great credit to the initiative and powers of improvisation of the staff, they comprise: On the male side—chair caning, netting, slipper making, fibre mat making, coir mat making, basketry of many patterns (including wire and wood), furniture repairing, french polishing, making of wood pedestals for plants in pots, painting, enamelling rubber mat making, slipper soling, bookbinding, jig-saw cutting, lampshade wiring, envelope and folder making, brush making, wire fence making, tile making, terazzo flooring, garden seat and ornament making, concrete work, cardboard box making. In addition, a large number of men are employed on the farm and gardens, and in shoemaking, upholstering, tailoring, joinery, engineering work, bricklaying and on work in connection with the kitchen and laundry. Gangs of patients are also occupied on barrowing work, such as shifting of coal, coke and other materials, in stick chopping and bundling, and the care of poultry engages others.

On the female side, the occupations include: Rugmaking, quilting (cushions, cot covers, night-dress cases, etc.), embroidery, toy making, lampshade making, doll making and dressing, knitting (woolly toys, Fair Isle work, slippers, etc., in addition to ordinary knitted articles), crochet work, painting (fire screens, letter-racks, etc.), cane work (knife boxes, linen boxes, chair seats, trays, etc.), raffia work (tea cosies, blotters, telephone covers, all kinds of mats, etc.), stool seating in seagrass and britagrass, glove making (all kinds of leather gloves, including fur-backed), leather work of various kinds, woodwork, bead and barbola work. In addition, plain sewing in various forms is carried on in the sewing room and in the wards. In both divisions of the hospital, the work is well graded, with the object of ensuring that the work being done by any patient is within his or her compass, and patients are carefully watched, so that they are moved on to a higher and more interesting form of occupation as soon as they are ready for it.

All types of patients appear to have been brought within the sphere of the treatment, from the convalescent patients at the villa to the imbeciles in F.14, where remarkable work was being done with the lowest grade of patient. The use of waste material is well understood.

Great resourcefulness is being shown in the adaptation of all sorts of accommodation, the recreation hall being used daily for about 100 patients, the use of a small room adjoining the hall permitting of the grading of the work and classification, if necessary, of some of the patients. The percentages employed on the male side is 79, and on the female side, 76.

The motive force of the whole organization is Dr. Russell; treatment is prescribed by the medical officers, and carried out under the direction of the Chief Male Nurse and the Matron, the latter receiving valuable assistance from the sisters. The main occupation rooms are used as training places for the staff, thus enabling them to take charge of the treatment of their patients in the wards.

The complete organization forms an excellent example of efficient application of occupational treatment and may be considered a great therapeutic achievement.

For a few weeks influenza has interfered with the activities of the hospital and a very high proportion of the 154 patients now in bed are suffering from this malady and others are convalescent from it. Last June, 1 patient in the male infirmary and another in male ward 4 had dysentery, and in September a patient in female ward 4, where the only active carrier of typhoid is accommodated was attacked by this infection. All these patients recovered from these intestinal diseases. At the present time, there are 9 patients of each sex who are regarded as having had tuberculosis but only 1 man and 2 women are showing signs of the disease in an active form. Two men and 5 women have died of this disease in the 12 months since the last visit. Other principal causes of death among the 66 that have occurred during this period are heart disease 13, kidney disease 11, senile decay 10, pneumonia 8.

One woman of 72 died of broncho-pneumonia following a spontaneous fracture of the femur, which occurred while she was in bed. An inquest was held on her death, and on that of a male voluntary patient of 42, who jumped into the River Ouse.

Routine examinations on the admissions of new patients are made of their serum, agglutinations for intestinal infection, and of the blood for the Meinicke reaction which, if positive, are followed up by further bacteriological or other tests as may be required. Examinations are repeated at frequent intervals for excretal samples in the cases of patients who have formerly suffered from dysentery, or enteric fever; one of the latter is a persistent carrier, although cholecystectomy was effected several years ago.

The important principle is well recognized in this hospital that the home surroundings to which a recovered or convalescent patient is returning should be so eased as to remove as far as possible those domestic factors which have contributed to the patients' mental illness. Many patients have occasion to look forward with dread to the burden of domestic trouble which they know they will be called upon to bear on reaching home. To meet such difficulties on the part of the patient, this hospital is fortunate enough to enjoy the services of the York and North Riding Mental After-Care Association. During the year 1933, it dealt with 42 cases and 12 of the 17 men assisted have been enabled to resume their former work. The Association has been active also in securing patients' monies due to them from various quarters. We regard after-care of the kind here described as a definitely essential measure in the treatment of mental illness.

The nursing staff consists of 74 male, and 84 female nurses. Forty-four per cent., approximately of the former and 19 per cent. of the latter are certificated in mental nursing.

We are glad to find that a third assistant medical officer has been appointed on the permanent staff; this position is at present held by Dr. J. M. Frew.

We enjoyed the privilege of meeting the Committee of Visitors of the hospital.

The medical staff have an intimate knowledge of the patients and the methods adopted for their care. We should like to thank them and Dr. Russell for the arrangements made during our visit.

YORKSHIRE (WEST RIDING) MENTAL HOSPITALS.—1. WAKEFIELD.

*August 18th, 1934.*

To the working of a mental hospital, a change in the occupancy of the post of superintendent is perhaps the most important event that can happen ; and, when the holder occupies the distinguished position in psychiatry which for many years Professor J. Shaw Bolton has done, the event is the more noteworthy.

Coming here in 1910, Dr. Bolton brought with him the experience of 14 years in the laboratories and wards of the mental hospitals at Rainhill, Claybury and Hellingly, and already was well known for his researches, especially in relation to the cortex of the brain. In referring to his retirement, which took place last November, we know we are voicing the feeling of our Board when we say that the 23 years during which he occupied here the post of medical director and superintendent were marked by indefatigable zeal and conspicuous ability, and displayed not only in general administration but also in numerous medical directions, notably in the control of dysentery and allied affections and in combating deficiencies and other difficulties due to the age and peculiar design of considerable sections of the hospital.

In other ways, too, for example, as President in the year 1928 of the Royal Medico-Psychological Association and in his development in the University of Leeds of courses for the Diploma in Psychological Medicine, Professor Bolton has exercised strong influence for good not only in his own specialty but also in the wider field of medicine. The honorary doctorate which the University has recently conferred upon him is a recognition of this work upon which we should like to congratulate him.

To fill the vacancy thus caused, the Mental Hospitals Board have appointed Dr. Cyril James Thomas (M.R.C.S. Eng., L.R.C.P. Lond., D.P.M., D.P.H.), who, after holding posts at St. Thomas's and Royal Bethlem Hospitals, had had 12 years' experience in the Lancashire mental hospitals at Lancaster and Whittingham, at the last-named of which he was for  $2\frac{1}{2}$  years deputy superintendent. His knowledge of the hospital and its requirements is already great and his keen solicitude for its advancement very manifest. We are satisfied that the Board have been wise in their choice.

We had intended to commence our visit on the afternoon of August 15th, but, not reaching Wakefield till later than we anticipated and until after the patients had retired to bed, we paid a night visit, mainly to the wards of the old building. Everything was in capital order and the supervision was good ; but in a number of dormitories there was obvious overcrowding and in some of them (we feel sure as a consequence) some restlessness and a tendency to become excited. We also saw, at first hand, the difficulties of administration in dealing with a building of the peculiar design of this hospital, some parts of which are four storeys high. Our visit was continued throughout the whole of yesterday and the day before and ended this morning. On the first full day of our visit we were glad to meet several members of the Committee and to have some considerable conversation with the Chairman, Dr. Z. P. Fernandez.

To the two of us visiting this hospital for the first time, and even to the one of us who knows it well, a conspicuous feature in its medical administration and in the life of its patients is the use made of tents. These have been erected, in practically every one of the ward gardens, on uprights and gables, the former being fixed into the concrete which

forms their floors. In all, there are now two dozen of these tents; the dimensions of their floor area vary from 50 by 20 feet (of which size there are 16) to 20 by 20 feet (of which there are 10). The extent of their combined floor areas amounts to 20,600 square feet.

These tents were introduced by Dr. Bolton in the first instance in certain of the male wards, because, by reason of their overcrowded and unhygienic state, these wards were felt to be quite unfitted for continuous day and night use, particularly during hot weather. The results were regarded as so satisfactory that the system was extended to all the sick wards; and later, by adding more tents, not for beds, but to enable patients up and about all day to take their meals, when necessary, under cover and to obtain shelter during rain, the system was utilized to mitigate the serious shortage of day space known to exist in the old building. Exclusive of three tents used for both these purposes, there are 15 tents used only for sick nursing which provide floor space for about 240 beds and are in use throughout the year—in the summer from before breakfast until 7 p.m. and in the winter from sunrise to sunset. Yesterday we watched the process of taking the patients and their bedding back into their wards; the task—mitigated, we were glad to see, by a stretcher on wheels lately devised by Dr. Thomas—is no light one, and the expedition and manifest good will with which it was carried out were evidence of the enthusiasm with which the nurses have been inspired and of their belief in the value of the system. Between some date in October and another in April (the date depending on the weather) the other tents, used in the summer for taking meals under and for shelter during rain, are dismantled of most of their canvas because during these months the patients have their meals indoors; their canvas roofs are left on so as to give some shelter during the winter months.

Strong belief (which we see no reason to question) is held that the low death-rate, the reduction—indeed, the almost complete elimination—of tuberculosis among the patients, and the general good health of the institution are due to the extent to which the patients live their lives in the open air: with the growth of this belief there has developed a conviction in the value and high place which open air has in the treatment of mental illness itself. Thus it is that, out of the institution of tents as a device to meet difficulties, especially of a structural nature, there has been evolved this complete system of out-door treatment which prevails throughout the hospital. In addition, we were glad to notice that, wherever safely practicable, the blocks had been removed from the upper sashes of windows, the space in upper floors and elsewhere when felt necessary being protected by stout wire mesh.

For this extensive use of tents, a considerable amount of canvas is required; there is also the fact that, owing to the urban nature of the locality, the canvas, especially that which forms the roof of the tents, soon blackens. Consideration is therefore being given as to whether there is available some light but more permanent form of construction. In so far as this idea concerns the roofs we can see its possible wisdom from the point of view of economy. We are glad, however, to believe that the idea extends no further than to the roofs and would urge most strongly that there be no structural device attempted for the sides, because we feel certain that, however well-intentioned such may be, it would be bound to interfere with the open-air life for the patients which these tents or canvas sheds are intended to provide.

There are now on the statutory books the names of 2,529 patients, but 5 women were out on trial at the time of our visit, leaving in residence 1,205 men and 1,319 women, of whom 106 are voluntary and 12 temporary patients. From the returns made to us it appears that the hospital is overcrowded to the extent of 5 men and 124 women by day and 100 women by night. There are vacancies for 64 men calculated on the night space.

We were interested to note the figures relative to the admission of

voluntary and temporary patients. During the year 1933 approximately 22 per cent. of the direct admissions entered the hospital as voluntary patients and about 4.5 per cent. as temporary patients, while the corresponding percentages for the first 7½ months of this year are approximately 29 and 5. These percentages for voluntary patients compare favourably with those for the majority of mental hospitals in England and Wales, but we believe that there is still room for greater advantage to be taken of the facilities for temporary treatment provided under section 5 of the Mental Treatment Act.

During the period under review the sanitary annexes in wards 12, 14 and 18 have been improved and a new lavatory has been erected in the garden belonging to ward 20. An important item of work now nearing completion is the adaptation of a building, originally constructed as a nurses' residence and recently used as a tuberculosis sanatorium for women, for occupation by about 68 quiet and trustworthy patients, of whom a small group will be sick cases.

Yesterday, late in the afternoon, we visited the farm buildings. It is to be doubted if there is any other large institution in the country, certainly not a hospital, to which its farm buildings, including extensive byres and piggeries, are so close. No doubt, in the course of years it has been a case of extensions to the hospital approaching to the farm, but, even allowing for that explanation, the distance between the original part of the hospital and the farm buildings must have been unusually and unfortunately small. From their appearance it would seem that but little money has been spent on them in recent years. This fact, to our minds, is fortunate because we cannot help regarding their removal to a more suitable part of the estate as urgently desirable, and we are most glad to know that this matter, together with relief to the congested and inconvenient arrangements at the kitchen and stores (both of which are among the buildings much too near the farm), is among the improvements which the Mental Hospitals Board have now under consideration and upon which they are about to confer further with our Board.

Should it be that consideration is likely soon to be given to the reconstruction of the kitchen and stores and the shops, we suggest that, instead of limiting thought to these items, review should be made of any units that are needed for the purpose of classifying the patients properly and of equipment to enable treatment to be carried out on modern lines and taking a long view of the matter, as to whether these requirements will be met best by adaptation or by demolition and reconstruction. Such a scheduled programme will commit the Board to no expenditure other than the trifling one of its preparation; but, having it in front of them, they can carry it out over a period of years as circumstances permit and in the order of relative urgency of its various items. If this course is taken the Board could be confident of the wisdom of the steps taken from time to time and doubt as to the ultimate general result of piecemeal improvements could be avoided.

Just by way of examples of what may be needed: We were struck by the absence of any units for sick nursing worthy of the size and needs of this very large hospital. Again, there is no detached unit being used as a convalescent home for convalescing women: the use of the upstairs ward (F.2) in the admission hospital for this purpose we thought for several reasons an undesirable arrangement, and we gave passing thought as to whether some day a more specifically mental hospital use could not be found for Hatfield Hall, with its really beautiful garden and view, which is now used for mental defectives. While East Cottage would not serve for this purpose it seemed to us that West Cottage should meet the corresponding needs for convalescing men well. We, therefore, learned with some regret of a proposal to remove the baths now upstairs to the ground floor and to increase the number of patients in this unit. In the admission hospital itself certain alterations, we gathered, are in contem-

plation, among them being the appropriation for patients of rooms formerly used for staff, including structural alterations for this purpose, a suggestion to make sure of the wisdom of which might need, as in the former case, some further consideration. In the sewing room also, we were told that some alterations are contemplated. These sounded to us definite improvements, but we have a fear that they may curtail the size of a room already too small (it cannot accommodate more than 50 patients) for a mental hospital of this magnitude. We assume, however, that plans of all such alterations will be submitted to our Board.

Should the idea of a comprehensive review of requirements commend itself, the Committee will no doubt wish to have before them a considered report by the Superintendent when he has had adequate time to take stock of and sum up the position. There would be no need, however, to await such a report before giving consideration to the question of the removal of the farm buildings with a view to immediate action.

The weather being fine during the course of our visit practically all the patients were in the ward gardens and having their meals out of doors. We were struck by the attractive appearance of the gardens on the male side, which were bright with flowers; the cultivation of these gardens is done by the patients. Few flowers are, however, to be found in the women's ward gardens; perhaps the possibility of allotting the cultivation of these gardens to a party of male patients might receive consideration. Although we spent a good deal of time talking to patients in the ward gardens we made a comprehensive tour also of the interior accommodation.

The wards, including the sanitary annexes, were generally in good order and clean and the facilities for indoor games and amusements appeared satisfactory. We noted with satisfaction the provision of coat hangers in the cloakrooms. In some parts of the old building we thought that the use of higher candle power bulbs would be of advantage, a number of these wards are very dark and have to be lit by electricity throughout the whole of the 24 hours. We were surprised to find that here, as was also the case in one of the sister hospitals, the supply of bath sheets was insufficient to enable one sheet to be used for each patient. We understand that a new contract is being entered into by the Board with a view to increasing the number of bath sheets provided in their hospitals and hope very much that in the future it will be found possible to supply one sheet per patient. In the course of our visit to the laundry we noticed that none of the hydro-extractors were fitted with locks or other mechanical devices to ensure that when the machine was running the cover could not be lifted till the cage had been brought to rest. Experience has shown that covers not locked have failed to provide an adequate degree of safety and we would strongly urge that immediate attention should be given to this matter.

We found the patients for the most part orderly and free from complaints and were pleased to observe the very friendly feeling that exists here between the medical and nursing staff and the patients. During our visit two of us had occasion to consider the cases of about 60 recently admitted patients. A number of these, indeed, practically all of them who were possessed of insight into their condition, expressed to us their feeling of gratitude for the excellent care and treatment they were receiving.

On the second afternoon of our visit a cricket match was in progress between two teams composed entirely of patients. From our conversation with some of the players after the match we gathered that the event formed part of a competition between a number of teams picked from patients and that the latter enjoyed their games keenly. We are glad to note the encouragement which is being given to patients to take part in active games and pastimes.

In the occupation hut on the women's side of the admission hospital we spent some considerable time. As to the kind of work going on, the method of using nurses in the tuition of the patients, and the types of

patients employed there, it all struck us as reflecting great credit on those responsible for the organization of this valuable and interesting unit. Its success points to the need of a corresponding hut for the men ; plans of which, we are sure, would be welcomed by our Board. With respect to the admission hospital and to newly admitted patients, the needs of occupation therapy would then be fairly complete. Highly important, perhaps most of all important, as it is to get this work on a right footing for recent cases, numerically it only touches the fringe of employment in general for the hospital as a whole. For example, in women's wards 5, 6 and 25 there were 284 patients, of whom practically none (only 2) worked outside their wards and only 34 in the wards ; the rest, 248, were unemployed. Taking the institution as a whole, the returns to our Board indicate that 58 per cent. of the men and 42 per cent. of the women are employed ; but in the cases of no less than 439 of the 719 employed men and 212 of the 532 employed women, their occupation is only ward-work.

We were extremely glad to hear that towards reducing this dead-weight of unemployment the question of providing occupation huts in or near the ward gardens of the old building may be under consideration shortly. In addition, while we were glad to see that the number of male patients working with the artizans is much better than in some hospitals, we think that the number of patients of both sexes engaged in useful occupations is capable of considerable increase. For instance, in the tailors' and shoemakers' shops it seems that only repairs are executed, whereas with fuller organization, it might be possible to make all the boots, shoes and suits for the institution. No patient was working in the plumbers' and blacksmiths' shops and only 3 with the carpenters and painters. Some 180 women are said to be engaged in sewing, but, whereas, in an institution of this size the better part of 100 might do this work with best advantage in a sewing room, only 24 were at work there. Again, the laundry finds occupation for only 40, a number, we suggest, which might well be doubled. It was evident to us, however, that a firm belief in the efficacy of occupation exists, and we have confidence that its organization will be developed on sound lines.

We inquired into the library arrangements and learnt that charge of this department, which was formerly in the hands of the Church of England chaplain, has passed to one of the deputy chief male nurses. We thought that the number of books in the central library was hardly sufficient for a hospital of this size and that the condition of the books in many of the ward shelves could be improved if more bookbinding was practised. We understand that at this hospital there is no separate library for the nursing staff and that the latter use the patients' library.

The value of the system of allowance out on trial preparatory to discharge, coupled with a grant of money during the period of trial, is fully recognized here in the case of the women patients. We should like to see it tried too for the men. In this relation two lines of development (otherwise very important in themselves), we are sure, would be found of great service ; the institution of organized after-care, affiliated, perhaps, with the Mental After-Care Association, and the appointment of a social worker. The latter's services would be, of course, specially helpful in the study and treatment of newly admitted patients.

The mortality rate (per cent.) during the last five years has been low ; but the rate of 6.65 per cent. for the year 1933 is the lowest yet recorded in the long history of the hospital. This rate compares favourably with the corresponding percentage of 7.2 for all mental hospitals in England and Wales. The mean rate of deaths per 1,000 hospital population caused by tuberculosis in all the county and county borough mental hospitals of England and Wales for the year 1933 was 5.8, whereas at Wakefield the rate was only 1.6. Comparison of the figures at this hospital for 1933, with the corresponding ones for a year just before the war—mortality rate 8.6 per cent. and mortality rate from tuberculosis per 1,000 hospital

population 23·0—lends strong support to the belief referred to above regarding the benefits derived by the patients here from the open-air conditions under which they now live. We would add that in each of the years compared, the cause of death was verified by post-mortem examinations in over 84 per cent. of cases. We are aware that prior to the year 1927 it was possible for tuberculosis to figure as a secondary cause of death, but we do not think that this fact detracts to any material extent from the lesson drawn.

One hundred and fifty-six patients have died since the last visit of Commissioners, and, with the exception of 2 cases, death was due to natural causes. The chief natural causes were : cardio-vascular diseases (46 cases), respiratory diseases 29, senile decay 27 and general paralysis 18. Of the two deaths not attributable to natural causes, one was accelerated by a fracture of the leg, and in the other, death was due to severe head injuries ; according to the coroner's verdict there was not sufficient evidence in this last case to show whether the injuries had been caused accidentally or had been self-inflicted. Inquests were held in both cases and also in another case in which death was found to have been due to natural causes.

Nine patients—4 men and 5 women—have sustained serious injuries since the last visit. With one exception, in which a patient was injured in an altercation with another patient, the injuries were caused accidentally.

At the time of our visit 219 patients—59 males (4·9 per cent.) and 160 females (12 per cent.)—were being nursed in bed and, with the exception of a very small number, the beds during the daytime were in the tents or on the verandahs.

The classification of the sick patients and their segregation in as few wards as possible are matters that call for further consideration here. Both from the standpoint of efficient nursing and that of economy of staff it is undesirable to nurse a few sick patients in a ward mostly occupied by active and healthy patients such as those in ward 20.

We were much interested in the recent important developments in connection with out-patient clinics at this hospital. Last year, in addition to the clinic that has been held at the hospital itself for many years, two new clinics were started, one at the Clayton Hospital, Wakefield, and the other at the General Infirmary, Leeds. The work at each of the three clinics is distributed amongst the medical officers of the hospital, two being responsible for the work at each clinic. During the last year 154 new patients were seen at the three clinics, and at the mental hospital clinic alone, no fewer than 1,659 attendances were registered.

The need of a visiting dental surgeon and of a dental room at the admission hospital impressed us : perhaps of a subsidiary one, too, at the old building. Mention of this matter prompts us to express a hope that the link already established between this hospital and the Leeds General Infirmary in the out-patient department of the latter may be extended by the appointment of visiting specialists from the infirmary's honorary staff, who will visit the mental hospital not merely on request but at prescribed intervals.

There has been no use of either seclusion or mechanical restraint since the last visit.

The nursing staff consists of :—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	24	60	84
Ordinary	...	...	...	...	...	...	146	195	341

for day, and 23 and 46 respectively for night duty. The number of female nurses employed on the male side is 58, of whom 9 do night duty. We learnt that steps are being taken to encourage a larger number of nurses to enter for the nursing certificates of the Royal Medico-Psychological Association.

In addition to the superintendent, the resident medical staff consists of Dr. M. J. McGrath (as deputy superintendent), Dr. H. A. Wilson, Dr. C. L. Copeland, and three other medical officers. We perused a large number of the clinical and other medical records, and the painstaking manner in which they are kept impressed us favourably.

YORKSHIRE (WEST RIDING) MENTAL HOSPITALS.—2. WADSLEY.

*August 15th, 1934.*

Since the last visit by Commissioners, just 16 months ago, Lt.-Colonel William J. N. Vincent, C.B.E., M.D., has relinquished the post of superintendent which he held for 22 years. In all, including 35 years as a member of the medical staff here, he has given 41 years to mental hospital service.

Dr. Vincent never spared himself and his work has been characterized by much administrative ability which also was of great service during the years the institution served as The Wharnccliffe War Hospital. He took an active and very helpful interest too in the plans and arrangements for the new admission hospital and convalescent homes. In his work also in connection with the organization of the valuable links with the city's general hospitals and with the University, as well as in the Lectureship which he has held in the latter since 1911, Dr. Vincent has rendered good service to Psychiatry. We should like to congratulate him upon the honorary degree which he has lately received from the University, and to express our hope that, relieved of official responsibility, he may be restored to full health.

To fill the vacancy thus created, the Mental Hospitals Board have appointed Dr. Arthur Pool (M.B., M.R.C.P., D.P.M.) who, for rather more than two years has been senior assistant physician at the Retreat (York) and who, besides gaining valuable teaching and other experience in the Liverpool School of Medicine, had been for several years a member of the medical staff at Rainhill Mental Hospital. In the course of our two and a half day's visit we have been able to discuss a number of points with him and are favourably impressed with the grip which, although he only entered upon his duties here last January, he already possesses of the medical and administrative requirements of the hospital, and not least by the spirit of progress shown in his approach to any special problem which confronts him.

During the year 1933 the percentages of direct admissions received respectively on a voluntary and temporary basis were approximately 7 and 3. The corresponding figures for the present year give a slightly higher percentage in the voluntary grade and we were very much pleased to hear that recently a conference had been held with a view to ensuring that the cases of rate-aided patients coming to this hospital should be considered by the medical practitioner responsible from the point of view of suitability for voluntary or temporary treatment. During our visit two of us have had occasion to consider the cases of a number of recently admitted certified patients and, as the result of our conversation with them, have good reason to believe that several of them would have been ready to enter the hospital voluntarily had the opportunity to do so been given them.

On the date on which we commenced our visit there were on the books of the hospital 2,081 patients, in the proportion of 967 men to 1,114 women. Nineteen men and 7 women are at present on trial, leaving 948 male and 1,107 female patients in residence. Out-county patients number two, and 57 men are shown as service or ex-service patients. From the returns furnished to us it appears that there is at the moment a deficiency of accommodation by night for 37 men and 60 women.

A large number of additions and improvements have been made since the last visit extending over a variety of departments. Foremost amongst these might be mentioned the addition of a solarium to male ward 4a, the renovation of the fire alarm system, and the reconstruction of the

cowbyres at the farm. Additional machinery, consisting of a woollen washing machine and wringer, two multi-jet washing machines and an ironing machine have been erected in the laundry. Visiting this latter department we noted that 2 of the small hydro-extractors required protection.

We were glad to see that a large number of additional lavatory basins, fitted with hot and cold water, were being provided in the female old block. We should like to see provision of this nature extended gradually to the nursing dormitories where no hand-washing facilities at present exist for the medical and nursing staff.

The day-rooms, dormitories and galleries were in good order and appeared to be well supplied with papers, periodicals and games for the amusement of the patients. Some of the wards already have wireless installed and we understand that the extension of this provision throughout the whole of the hospital will shortly be undertaken. We noted with pleasure the excellent supply of flowers and were interested to hear that this is effected through the agency of a small group of women patients, working under a nurse, whose special duties are the cutting of flowers and picking of fruit. The supply of books in the shelves of some of the wards was scarcely as large as we are accustomed to see elsewhere, and, although we were informed that patients who are considered fit can go down to the library and choose their own books, we venture to suggest that a larger supply in the wards might be of advantage.

It has not been found necessary to employ any form of mechanical restraint since the last visit and the amount of seclusion recorded is negligible.

Occupation of the patients in a mental hospital is acknowledged by everyone conversant with the subject, to be of cardinal importance in their treatment. We, therefore, have been very glad to see that efforts, experimental and tentative though they may be, have recently been made to start handicraft classes : on the female side, for about a score of women and a few children in part of what used to be the nurses' home, and on the male side, in the Old Manor House, where a small group of adults attend morning and afternoon and a few boys in the morning. The teaching is done by members of the nursing staff who interest themselves in these activities and their efforts to acquire ability to train patients in this work are commendable. That this line of treatment is capable of great expansion is manifest, and, convinced as we are of its high value, we hope the problem of how best to do so will receive sympathetic consideration.

All forms of occupation have their definite therapeutic value, and, in a mental hospital, it is from that angle rather than solely from the economic one that they should be viewed. From both these angles, however, we should like to urge that determined efforts should be made to increase the number of patients engaged in useful occupation ; partly by making more such occupations available to the patients, and partly by an endeavour to render more patients capable of working at occupations already provided. For instance, we were surprised to find that no patients assist in the carpenters', painters' or plumbers' shops ; we wondered, too, whether it might not be found possible to institute such occupations as the making of baskets, mats and brushes. We know that useful repairs are done in the tailors' and shoemakers' shops and we learnt that some improvement in the type of footwear is under consideration but we wondered whether it might not be possible to make in the hospital shops all the boots and shoes and suitings required for the institution.

On the women's side it was obvious to us that there is scope for much improvement in the clothing (both outer and under-garments) of the patients and we were glad to hear that the matter is under consideration and that dresses of more modern pattern are, in fact, in course of being introduced. We were pleased also to find that efforts were being made to provide proper means for the hanging of patients' dresses.

In connection generally with the arrangements for cutting out and making the women's clothing and men's underclothing, while we do not wish to be interpreted as desirous of discouraging some sewing and repairs being done in the wards, we believe that good results would be obtained more easily and that more organized employment for a larger number of patients would come about could the major portion of all this work be concentrated in one large and well-lighted room capable of accommodating, say, 100 patients at work. Variety of useful occupation for the women is always harder to find than on the male side. The group of women which we have already mentioned as working in the flower garden is, therefore, all the more commendable. As a general aid to the fuller organization of useful occupations on both sides of the hospital, we suggest that in each ward the number of patients allowed to be returned as ward-helpers should be fixed.

The mortality rate for the year 1933 was 10·2 per cent. which is decidedly higher than the mean figure of 7 per cent. for all mental hospitals in England and Wales ; it is possible that the disparity may be due to the fact that a high proportion of patients resident here are senile. Post-mortem examinations are made in practically all cases of death and we had the opportunity of discussing with the medical staff the pathological features of some cases of exceptional scientific interest.

Among the causes of death cardio-vascular diseases figure most prominently (38 per cent.). The other chief causes were respiratory diseases (including phthisis) 20 per cent., general paralysis (21 per cent. for the males and 11 per cent. for the females), and organic brain lesions (10 per cent.).

With the exception of eight cases, all deaths were due to natural causes. In six of these eight cases the patients had sustained, accidentally, injuries that were regarded as contributory factors. The other two were cases of suicide, and in one of these the relatives had taken the patient from the hospital against the advice of the medical staff. Inquests were held in all eight cases, together with three others in which death was due to natural causes.

The hospital has had comparatively few cases of infectious disease. There was a mild epidemic of influenza among the patients last January. Since the last visit 17 cases of dysentery have been diagnosed and there have been 4 deaths from this disease. Serological examinations of all new admissions continue to be done systematically and any cases yielding positive results are segregated and thoroughly investigated. At present, there are 47 patients suffering from phthisis and 16 from other forms of tuberculosis. The hospital has good facilities for nursing these tubercular patients.

The treatment of general paralysis is being actively pursued and special attention is devoted to maintaining the general strength of the patients during the period of treatment. The total number treated during the last decade is given as 275 (234 men and 41 women). Of this number 82 were discharged as " recovered " and 13 as " improved " ; the number of deaths was 106.

In the course of our visit we had the opportunity of discussing with the medical officers the diseases and treatment of the patients confined to bed. It was gratifying to find that modern methods of treatment and the newer preparations are being used, and that in some cases careful records are being kept of the results achieved with these preparations.

Eighteen patients have sustained fractures recently ; in all cases with the exception of two, which resulted from altercations with other patients, the injuries were caused accidentally. We were glad to find that all cases of suspected fractures are X-rayed.

The three out-patient clinics connected with the hospital—two in Sheffield, at the Royal Infirmary and the Royal Hospital, and the other at Rotherham, cater for a real need in these industrial centres. There is

much evidence that the general public are appreciating the facilities which these clinics afford. Co-operating with the honorary members of the staff of these voluntary hospitals, five members of the Wadsley medical staff attend these clinics one session each week. During the year 1933 the number of new cases was 243 and the number of attendances made by old patients amounted to 3,197. An examination of the types of illness from which the patients suffered indicates that they are fairly representative of the whole group of mental patients.

The work done at the pathological laboratory is varied and is obviously of the greatest assistance in the diagnostic work of the hospital. In addition to the ordinary testing of specimens of blood, excreta and sputum, a fair amount of pathological and bacteriological work is being done. At present a special investigation is being made of the nutritive qualities of the milk supplied to the patients.

We have perused a large number of the clinical records. While we have indicated, under several topics, how large is the volume of medical work undertaken, and while much of it is interestingly reflected in these records, we cannot help feeling that, apart from filing the history form as filled in by the relatives, the records of family and personal history are meagre, and we feel some regret at the general absence from the records of accounts of "heart to heart" talks between doctor and patient. In this connection we should like to urge that in every ward a room, carefully selected as to site, be adapted as a clinical room and that in this room the clinical record of each patient in the ward should be kept. Such an arrangement may present a little difficulty in bringing into force, but, in our experience, we have never heard of anyone who, once having adopted it, would be willing to abandon it. As another aid to the obtaining of histories and other environmental factors, the services of a social worker are found nowadays of immense value, and we are glad to hear that this form of help is under consideration. The nursing staff comprises 153 male and 168 female nurses, of whom 18 and 21 respectively are on night duty. No women nurses are employed in the male wards. We hope that this matter may receive consideration when the staffing of the new admission hospital is undertaken.

The resident medical staff, apart from the superintendent, comprises Dr. D. Gillespie as deputy superintendent, and Drs. Mathieson, F. T. Thorpe, Elisabeth S. M. Sykes, and J. L. Clegg. Upon the visiting staff are: as physician, Professor Arthur J. Hall, whom we met and from whom we learnt of some interesting comparisons between the clinical features as manifested in patients suffering from the same complaint at a mental and a general hospital, Mr. A. Cuff, as surgeon, and the dental surgeon, Mr. W. J. Law.

#### YORKSHIRE (WEST RIDING) MENTAL HOSPITALS.—3. MENSTON.

*March 2nd, 1934.*

Since this hospital was visited by our colleagues in May of last year it has lost by retirement the services of Dr. S. Edgerley. Dr. Edgerley was appointed as an assistant medical officer in 1897 and became medical superintendent in 1906. During his tenure of office, by his wise and kindly administration, he rendered most valuable services to the hospital and earned the affection and respect of his patients and of all those who came in contact with him. On behalf of our Board we wish him all happiness.

To fill the position of medical superintendent the Committee have appointed Dr. Robert C. Walker, late deputy medical superintendent of the hospital, who took up his duties on January 1st last.

To-day there are resident in the hospital 1,856 patients, in the proportion of 917 men to 939 women, 6 of the former and 8 of the latter being voluntary patients. No temporary patient is at present in residence.

Private patients number 159, 130 men and 29 women, 111 of the men

being in the service or ex-service class. Out-county patients total 9 (6 men and 3 women), chargeable to 7 different authorities.

The hospital is overcrowded on both sides, the lack of night space on the male side being for 28 patients, and on the female side for 38. These figures show a not inconsiderable increase on those for last year and merit the close attention of the Committee. There is at present no admission hospital, and although the wards used for that purpose are well found and comfortable the argument put forward by our colleagues in 1932 remains a strong one. Spontaneous remarks made by some of the more recent and recoverable cases in conversation with us lead us to believe that accommodation of the modern admission hospital type would be much appreciated by that class of patient, and indeed is expected by them.

During the year 1933, 11 men and 9 women were admitted on a voluntary basis and 1 woman as a temporary patient. These figures disclose a welcome increase on those of the admissions in these categories for the year 1932 (6 men and 3 women as voluntary patients and 1 female temporary patient), but give a percentage of 5.11 only for voluntary patients when related to the total number (391) of admissions for that year. Experience gained at other hospitals which we have recently visited indicates that the use of the provisions of sections 1 and 5 of the Mental Treatment Act depends to a great extent upon the knowledge and attitude of the relieving officers in this respect. Perhaps consideration might be given to the possibility of arranging for further instruction of the relieving officers of the area in the procedure under that Act.

Since the last visit a good deal of redecoration has been carried out and also a large number of useful minor improvements, structural and otherwise, not calling for special comment. The installation of electric light on the male side is now practically completed. Works now in progress include the adaptation (almost finished) of the attendants' residence to accommodate patients, the addition of a verandah to female ward 22 (old isolation hospital), and the installation of wireless in 2 male and 5 female wards. We paid a visit to the building first mentioned (attendants' residence) and found, on inquiry, that smoke screens are being provided. We understand that the installation of a good deal of additional equipment of the laundry is contemplated.

The patients appeared to be well cared for and adequately nourished. We received no complaints other than such as were obviously due to the mental condition of the patient making them, and were favourably impressed with the relations existing between patients and staff.

We found the day-rooms, dormitories and galleries generally in good condition. The lavatory accommodation in some of the male wards (particularly in ward 3) is not altogether adequate, and many of the closets are without doors. There is an entire absence of plants and flowers in 2 or 3 of the male wards where the less well-behaved patients are accommodated. Our experiences in other hospitals lead us to believe that this type of patient can be trained to refrain from interfering with decorations of this nature and we should like to see a determined effort made to bring about such a state of affairs here. Similar remarks apply to the difficulty found here in getting the male patients to wear night-shirts; we have visited many hospitals accommodating similar patients where patient persuasion in this respect has proved successful. There are a number of other matters relating to the comfort of patients in the wards which we discussed with Dr. Walker, and which he promised should receive attention.

We are glad to see the interest that is developing in the occupation of patients who might not employ themselves apart from encouragement by the medical and nursing staff, but over 68 per cent. of the patients returned as employed are classed as "assisting in the wards." Our experience of efforts made elsewhere to give patients the benefit and satisfaction of useful handwork leaves no doubt in our minds that much

more might be accomplished in this direction in this hospital. A bowling green made in the garden used by wards 8, 9, 10 and 11 some years ago does not appear to have been kept or used as such.

In view of the extensive acreage belonging to the hospital we are surprised to note the low percentage of patients who take exercise outside the ward gardens. The proportion of patients attending the weekly entertainments is definitely above the average and we find that 54 men enjoy parole beyond the estate and 45 within it. It is of interest to record that a patient on parole recently got into conversation with a man contemplating suicide, whom he urged to enter the hospital; his advice was taken and the man was admitted as a voluntary patient.

It was gratifying to see so many of the patients in the ward gardens on these cold days walking briskly, but few wore overcoats. Ward 11, containing 78 men, has only 20 overcoats, and we gathered that only 9 of these were in use yesterday. Ward 9, with 77 patients, had only 16 overcoats, and ward 10, with 80 patients, only 17.

On the women's side some pleasing patterns of frocks are now being made and we trust that it will not be long before a sufficient production will make it possible to dispense with the garments which many of the older women are now wearing. The promotion of a reasonable smartness of appearance is an essential item in the treatment of mental disorder. Patients are encouraged to wear their own frocks, but not their own underclothing.

In ward 12 there were 26 men in bed, a few of whom were on or near the verandah, but there were only 5 shoulder blankets; we would recommend the provision of short bed-jackets for the use of patients who are confined to bed and dressing gowns would also be of advantage at bathing time for men who are stripped and waiting to enter the bath. The present supply of bath towels renders it necessary to dry 2 patients with one towel; a very large size has been in use which could be divided into 2 separate towels.

The removal of fouled garments to the laundry is effected by rolling them in a sheet: we strongly recommend the use of light bins for this purpose in which garments, excretally soiled, can be placed to await removal. We have seen a well-devised trolley in another hospital by means of which the bins can be lifted and transported without handling.

The ward inventories which we examined did not include special brushes for w.c. pans; at present ordinary scrubbing brushes are used for this work and it is clear that they are not always kept exclusively for these pans and sometimes find their way to other parts of the ward. It may be necessary, owing to the present state of some of the pans, to pour a disinfectant into them, but ordinarily we see no purpose in the use of a disinfectant which, if used throughout the hospital in sufficient strength to be effective, would probably interfere with the beneficial provision of sewage disposal.

Some further light wire extension is still needed of the finger guards of the calenders in the laundry, where it would be well, also, to add sides to the existing guards of driving belts.

There are some excellent arrangements at the farm for providing clean milk, but some duck-board frames are needed on which to invert the pails and urns for drying. At present they stand with their rims on the floor. A well-designed smock is worn by the milkers.

We gather that when a patient requires dentures they are supplied either by the friends or some other agency outside the hospital: we hope it may be possible for the hospital to supply those in necessitous cases.

There has been little sickness of an infectious nature during the nine months since the last visit. A case of paratyphoid fever, however, occurred in ward 27, at the end of January, and, during the bacteriological search which was promptly made of ward contact, another case was discovered. One case of dysentery occurred in female ward 22 last week. There are

13 men and 3 women at present under treatment for tuberculosis in various forms ; some of these are of several years' standing. Open-air conditions are provided for their care and treatment.

Accidents involving fractures have occurred in the hospital to 1 man and 5 women through falling on the floor or ground. One man sustained a fracture of the humerus prior to admission. One inquest only has been held. It concerned the death from broncho-pneumonia of a very recently admitted patient.

It is noteworthy that the female death rate for 1933 was much higher than the male, being 109·4 per thousand compared with 71·8 on the men's side. Since the last visit there have been 118 deaths (male 41 and female 77), nearly 62 per cent. of which were the subject of post-mortem examination. Heart disease was the most prominent cause of death (male 13 and female 30). General paralysis takes the second place (male 14 and female 8). Pneumonia accounted for 11 deaths, 10 of which were females, tuberculosis 4 and cancer 5, all these 9 being women.

There is close co-operation between the clinical and bacteriological services, especially with regard to newly admitted patients. Frequent periodical examination is carried out of patients on cards for intestinal infection. The bacteriological content of laundry and sewage effluence also comes under survey. We would suggest also a seasonal bacteriological examination of the well water, which we are glad to learn continues to give satisfactory yield in spite of the drought.

The patients' diet is arranged on a two-weekly scale with additional modifications. It is generally well devised, but the addition of a frequent issue of such fresh fruit as apples and oranges during the winter would go far towards achieving that broad basis of foodstuff which it is so necessary to maintain in the dietary of a very large institution. Indeed, certain patients particularly requested such additions as those mentioned.

The numbers on the nursing staff are 156 males and 146 females, of whom 48 per cent. and 35·6 per cent. respectively are certificated. This percentage for the women nurses is higher than the average, but the men's percentage is definitely lower than the average for England and Wales. It is of interest to learn that 15 out of 18 male and 12 out of 14 female nurses who entered for the recent preliminary examination for the nursing certificate were successful. All 7 male nurses and 11 out of 14 female nurses who sat for the final examination also passed.

Dr. Walker has the assistance of Dr. R. R. Kirwan as deputy medical superintendent and of Drs. Russell, Hodgson, Perk and Edward Smith as assistant medical officers.

#### YORKSHIRE (WEST RIDING) MENTAL HOSPITALS.—4. SCALEBOR PARK. *February 15th, 1934.*

Visiting this hospital to-day we found in residence 84 gentlemen and 124 ladies. Of this number 10 gentlemen and 20 ladies are voluntary patients, the corresponding figures for temporary patients being 1 and 3.

During the year 1933 the admissions totalled 99, of whom 55, or approximately 55 per cent., were admitted on a voluntary basis, and 10 (approximately 10 per cent.), were received on a temporary basis. In the past six weeks 3 patients of each sex have been admitted as voluntary patients and 2 ladies as temporary patients. We have reason to believe that this high percentage of admissions under the provisions of the Mental Treatment Act illustrates the value of direct communication between the patient's own doctor and the mental hospital.

The situation as regards accommodation remains very similar to that disclosed at our colleagues' visit a year ago, there being 51 vacant beds on the gentlemen's side and 19 on the ladies'. At the present time only 4 gentlemen are accommodated at High Lands.

The premises generally were in excellent order and comfortably

furnished. We were glad to see that coat hangers had been introduced in the cloakrooms on the gentlemen's side and hope that in due course similar provision may be made in the ladies' cloakrooms, where their presence would be equally if not more advantageous. We also observed with pleasure that progress is being made in the supply of small tables in the dining-rooms for both sexes. Other improvements since the last visit are the completion of the workshop block and the addition of heating to all the lavatory blocks.

We saw all the patients in residence and found them well cared for and comfortable. No complaints of substance were made to us.

The number of deaths since the last visit in May, 1933, is 26, and the average age at death of these patients was as high as 65. Eight patients died of senile decay, 4 of organic brain disease, 3 of bronchitis and 1 of pneumonia—a remarkably small proportion of chest cases in view of the high average age.

One inquest has been held on a death which resulted from an accident prior to admission to the hospital. We consider the absence of serious accidents reflects great credit on the nursing care.

The only infectious disease arising in the hospital was one case of erysipelas; there are no infectious cases at present under treatment.

We have discussed with Dr. Gilmour various methods of providing verandah accommodation for open-air treatment of illness during winter. In other seasons it is the very beneficial practice to carry patients out of doors to temporary shelter or shade.

Another branch of treatment discussed has been that associated with handicrafts and other occupational modes of inducing patients to regain contact with reality.

The nursing staff consists of 40 male and 48 female nurses, 28 of the former and 8 of the latter being certificated in this branch of nursing.

We were very much interested to hear of a devise by will, recently made in connection with the hospital, to trustees, providing for the application by them of the income of a considerable amount of capital to the maintenance and support at this hospital of one or more medical practitioners of limited means.

Probate has not yet been granted, but it is believed that the capital sum may amount to about £5 000.

YORKSHIRE (WEST RIDING) MENTAL HOSPITALS.—5. STORTHERS HALL.  
*February 14th, 1934.*

We have to-day completed our inspection of this hospital which we commenced on the afternoon of the 12th. Dr. Ewing was unfortunately unable to accompany us on our tour of the hospital, as he is at present incapacitated from walking far. We were able, however, to discuss many questions with him and received all the information we required during our visits to the respective wards from the medical officers in charge of them.

Generally we may say that we have been much pleased with what we have seen, and were glad to note many details in the administration giving evidence of great care and forethought for the welfare of the patients.

There are to-day in residence 1,019 men and 1,136 women, including 6 voluntary and 1 temporary patient. Sixty-eight men and 22 women are shown as private patients, of whom 56 males are in the service or ex-service class. Out-county patients number 26 (10 men and 16 women) chargeable to 17 different authorities.

During the year 1933, 8 men and 10 women were admitted on a voluntary basis, the corresponding figures for temporary patients being 2 and 4. Up to date this year 1 man only has been admitted as a voluntary patient.

The number of voluntary patients admitted during 1933 is small in relation to that of the admissions (386)—approximately 5 per cent.—and cannot be regarded as other than disappointing. We have discussed the

matter with Dr. Ewing and are satisfied that he has taken such measures as are available to him to make known the facilities for early treatment now existing and can only hope that they will soon be made more use of.

From the returns made to us to-day, it appears that there is greater pressure for beds at this hospital to-day than there was when our colleagues visited 9 months ago. While there are over 100 vacancies by day on both sides, there are only 4 vacant beds for the men and a deficiency of bedspace for 32 women. We understand that by a re-allocation of the prescribed day space in four of the wards in the main building the existing deficiency of night space could be made up. Further accommodation, both by day and night, could be provided if the 19 low-grade defectives now housed in M13 were removed to institutions more fitted to their needs, instead of occupying valuable accommodation for the insane at this hospital.

The patients generally were remarkably orderly and we received no complaint of any substance.

The day-rooms and dormitories were very well kept in every respect, as also were the beds and bedding. We were glad, also, to observe the excellent condition of the ward gardens, which are spacious and well supplied with shelters. Patients are encouraged to cultivate these gardens and their efforts in this direction, especially on the male side (in particular ward 9), present an excellent feature.

We were inclined to think that the pictures in many of the wards, including those at the admission hospital and in the convalescent villas, were somewhat drab and colourless; perhaps consideration might be given to the question of obtaining some of the excellently-designed and colourful railway or other posters which are now available at quite small cost and would greatly enhance the appearance of the day-rooms. We venture also to suggest the provision of coat hangers in some of the cloak rooms of the better-conducted wards; such fittings make for economy in space, besides lengthening the life of the garments thus stored.

Glancing at some of the ward stock lists, we found that the supply of bath towels in the wards at the main building only sufficed to provide, on an average, one towel to two patients. From a hygienic point of view, such a state of affairs can hardly be regarded as satisfactory, and we were glad to hear, on inquiry, that attention was being given to the point. Meanwhile it appeared to us that until a fuller supply of bath towels is obtained, those at present in use were sufficiently large to permit of their being cut into two parts, thus affording a temporary solution of this difficulty.

Amongst the many improvements completed since the last visit are the installation of a new Lancashire boiler, of 2 additional steamers in the kitchen at the main building, and a new fish fryer at the admission hospital. Works at present in progress include the addition of a verandah to female ward 17 and the adaptation of the attendants' residence at the admission hospital to accommodate 21 patients. With regard to this last item, we have indicated to Dr. Ewing the desirability of installing a smoke screen in order to render access to the fire escape effective.

We were interested to hear from Dr. Ewing some facts relating to the progress of the out-patient clinics established in connection with the hospital. Two sessions weekly are held at the hospital itself: this clinic does not appear to be made much use of as the number of patients attending in 1933 only totalled 11. Great progress, however, appears to be being made at the clinic at the Huddersfield Royal Infirmary which was opened in August, 1932. Attendances at this clinic in 1933 totalled 305 and 82 patients were treated. It is conducted by Dr. Ewing and Dr. M. C. Alexander, sessions being held every Wednesday.

It is unfortunate that there is no officer or association in the area undertaking the duty of ascertaining social factors which may be contributory to the breakdown of patients received into this hospital. Knowledge

of such factors has been found to be an essential in the treatment of patients and the ascertainment of environmental conditions is equally necessary in preparation for the return to ordinary life of patients about to be discharged. We should very much like consideration to be given to the question of provision of this most valuable service.

Of the 131 deaths since the last visit in May, 34, or 26 per cent., have been due to senile decay, 22 to diseases of the heart and vascular system, 15 to general paralysis of the insane, 10 to tuberculosis (3 men and 7 women), 9 to cancer, 11 to organic brain disease. One woman has died of enteric fever. The cause of death has been confirmed by post-mortem in as high a percentage of deaths as 78. Inquests have been held in the deaths of 2 men and 3 women, in 2 of which the associated injuries occurred prior to the patient's admission. All were associated with senile physical states and the particulars reported to our Board at the time.

Non-fatal injuries involving fractures or dislocations have occurred to 1 man and 5 women, all due to accidental falls or the action of other patients.

Fresh cases of tuberculosis have occurred in 2 men and 8 women. There have been 6 women and 7 men affected with erysipelas and 2 women, in wards 15 (segregation ward) and 9, with enteric fever. Two men in wards 18 and 19 and 3 women in wards 15, 18 and 19, have been attacked by dysentery and 1 man in ward 18 has been found by laboratory examination to be a carrier of this disease. It is the useful practice here to examine the serum of all new admissions and new members of the staff for the presence of these infections and whenever a positive agglutination occurs further bacteriological investigation is pursued; former cases are examined periodically for the excretion of the respective micro-organisms. Detailed inquiries in the wards for the segregation of actual illness of this nature or for patients who are likely sources of infection, show that careful precautions are taken to prevent any spread of such forms of illness, but we think it would further ensure this object if all the materials for the laundry from the segregation wards were regarded and treated as infective. The bins for the conveyance of fouled clothing to the disinfectant are inverted over a steam jet for cleansing, but their lids are separately washed with a disinfectant. The process of disinfecting these bins and lids would be facilitated if both bin and lid were enclosed in a covered receptacle containing the steam jet.

We were impressed by the detailed knowledge of the mental and physical condition of individual patients on the part of the medical staff and the consideration given to their personal wishes as well as by the obviously good relations existing between patients and staff. We were glad to see so extensive use made of treatment in the open air. It is notable that no use is made of seclusion.

This hospital contains a large proportion, especially on the women's side, of elderly patients, a fifth of the latter being 65 and older and over 14 per cent. at present under treatment in bed. The proportions of general paralytics and epileptics are also higher than the average for all mental hospitals in England and Wales. While the proportion of male patients usefully employed is higher than that for the women, we are anxious to see introduced for both sexes some scheme for the therapeutic application of occupations to the patients not at present at work, and to the comparatively recent admissions. One form that such occupation might well take for the quite large proportion of young men and women is daily physical training for about 20 minutes to an hour under a person who understands the remedial use of gymnastic exercises. The success of any occupational scheme of this nature depends upon its being founded on the principles of treatment, it has been the experience elsewhere that thorough application of it has been attended by a reduction of destructiveness and dirty clothing.

Consideration is being given to the possibility of introducing a revised

diet table which would provide the variety of dinners recommended by the Departmental Committee which examined the question some years ago. At present the dinners are on a weekly rotation. A list of the quantities of vegetables has been shown to us and from it we observe the considerable amount of fresh green stuff supplied to the patients. The evening meal is of a nicely varied character ; breakfast consists of porridge daily with bread and butter and tea or coffee.

Many of the women's dresses are made in unattractive shapes and some attention requires to be given to those decorative features which could be achieved at little or no additional cost. It is of primary importance that a proper regard for personal appearance should be fostered among patients, and to this end their self-esteem requires to be sustained by suitable garments. We were glad to find that a new issue of women's footwear, of a useful and pleasing type, has been commenced.

The nursing staff consists of 153 male and 207 female nurses. Seven of the latter being employed in a ward for young imbecile male patients. Forty-three per cent. of the male and 13.5 per cent. of the female staff are certificated as mental nurses and 25 and 14 respectively have passed the preliminary examination.

The medical staff remains the same as in the last report. We take this opportunity of thanking all of them for the great assistance they have given us during our visit.

CITY OF BIRMINGHAM MENTAL HOSPITAL.—1. WINSON GREEN DIVISION.  
*March 16th, 1934.*

We have to-day completed our inspection of this hospital on behalf of our Board and we are glad to report that we found the hospital in excellent condition and the patients most contented and uncomplaining. Since the last visit by two of our colleagues much useful work has been done, such as the reconstruction of some of the sanitary blocks with new w.c.s with pedal releases and new lavatory basins with an apparatus to mix the water to the proper heat ; new store rooms have been made with excellent arrangements for the storage of the patients' clothes ; alterations have been made to some day-rooms and dormitories, thus giving much more light and air ; and much interior re-decoration has been done in light, bright colours which are very effective. Another important improvement is the installation of a new talking cinema apparatus which we feel sure will be appreciated. Some new floors are now being laid in M6.

The day-rooms and dormitories were very well kept and very well supplied with books, but we should like to plead for more daily papers to be supplied in those wards, e.g. No. 1 recreation, where they will be appreciated. Each patient is given a clean towel for his or her morning ablutions and after that roller towels are supplied. Some new gardens have been arranged with flower beds well supplied with herbaceous and annual plants.

We were particularly struck by the friendly relations between the nursing staff and the patients and the tactful handling of one or two awkward patients. With the exception of one woman who asked to talk to us and got more and more excited while so doing, there was no sign of noise, or disturbance. In the laundry we thought that a guard ought to be arranged over the top of the smaller callender to prevent patients reaching over the top, as is sometimes done and so injuring their hands.

We had an opportunity of tasting the baked fish and chips that was being prepared for dinner and found it well cooked and very palatable.

During the year 1933, 203 patients were admitted (including 16 voluntary and 1 temporary patient), 14 were transferred to other care, 91 left or were discharged (57 upon recovery) and 41 died. There are now on the statutory books the names of 935 patients, 500 men and 435 women, including 7 male and 2 female voluntary patients and 1 male and 2 female temporary patients.

At Glenthorne we found 41 patients and at Uffculme 160. Both these places were in excellent order and the patients living in most comfortable surroundings. We were particularly struck by the very complete precautions taken against fire and that the houses are in direct communication with the fire station, and a report sent to the station every evening to ensure the apparatus being in order.

The hospital is over-full, the number of beds over the calculated night accommodation being 26 on the male and 80 on the female side.

A large measure of parole is granted beyond the estate as well as in, about 45 men and 50 women have parole beyond and 200 men and 5 women within the estate.

The mortality rate for the year 1933 was only 4·7 per cent. Since the last visit 43 patients have died, 28 males and 15 females. The cause of death was verified by post-mortem examination in nearly 84 per cent. of the cases.

The chief causes of death were, heart disease 16 and pneumonia 10. Inquests were held in three cases. In one of these, death was found to be due to natural causes; in another a male patient had died from the results of throwing hot tea over himself, and in the third a female patient was found to have died from asphyxia during an epileptic fit.

There have been no cases of epidemic or zymotic disease since the last visit. Efficient measures are taken in the cleansing of foul linen.

The patients in bed in the admission and infirm wards are very well cared for and we feel sure that they are receiving medical and nursing attention of a high order. These patients were cheerful and comfortable and those able to appreciate the value of the treatment they are receiving were contented and very grateful. Careful notes are kept of their condition and progress. The nurses are well trained and appear to take an intelligent interest in their work.

The surgical treatment which is carried out at this hospital is well known and new methods of medical treatment are tried in suitable cases.

One female member of the staff is in a sanatorium for observation for tuberculosis, whilst 3 female patients are under treatment for this disease. There are no cases on the male side.

One patient sustained a dislocation of the shoulder from being pushed down by a fellow patient, and there was one fractured wrist from an accidental fall. This low number of accidents speaks well for the care and attention of the staff.

Dr. Graves and Dr. Forsyth accompanied us round the hospital and gave us much assistance.

#### CITY OF BIRMINGHAM MENTAL HOSPITAL.—2. RUBERY HILL WITH HOLLYMOOR DIVISION.

*March 17th, 1934.*

We have to-day visited these two hospitals and have found them very well maintained and administered and the patients for the most part happy and contented, well clothed and shod, and in receipt of kindly care and the best nursing and medical attention. A striking testimony to the kindness shown to patients was the fact that in one female ward at Hollymoor no less than 8 voluntary patients expressed to us their gratitude to the medical and nursing staff for all they had done and further said they wished to remain.

At both places the wards were very bright and well supplied with plants, but we should like to see more daily papers for the use of patients.

Since the last visit by two of our colleagues a great deal of useful work has been done, but it mostly relates to improvements, additions and repairs of the electric light, steam, water and gas; one very important addition from the point of view of the patient has been the installation of talking picture apparatus both at Rubery Hill and Hollymoor, an addition that we are sure will be much appreciated.

During 1933 there were admitted at Rubery Hill and Hollymoor 402 patients, including 62 voluntary and 1 temporary patient ; 229 patients left or were discharged (161 upon recovery) and 85 have died. One hundred and four patients were allowed out on leave to test their fitness for discharge, money allowances being allowed in 79 cases.

There are now on the statutory books of the two hospitals, the names of 740 men and 893 women, a total of 1,633. These figures include 37 voluntary patients and 5 temporary. Fifty-six men are service or ex-service patients. As 8 patients were out on leave or trial the number of patients actually in residence to-day was 1,625.

The two hospitals are now housing 35 men and 75 women more than the prescribed space allowance allows.

Twenty-nine men and 20 women have parole beyond the estate and 42 men within the estate.

The nursing staff is as follows :—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	16	21	37
Ordinary	...	...	...	...	...	...	88	90	178
Night	...	...	...	...	...	...	17	18	35

One hundred and eight men and 69 women are certificated or registered as mental nurses and 9 and 21 respectively have passed the preliminary examination.

The mortality rate for the year 1933 was 5.36. Since the last visit 45 men and 47 female patients have died, a total of 92. Two inquests have been held. In one case death was found to be due to natural causes and the other case was that of a male patient who died of pneumonia following a fractured thigh caused by an accidental fall. Both of these cases were fully reported to our Board at the time. Serious but non-fatal injuries numbered 13. With the exception of one man who injured his hand in striking another patient, all these fractures were due to accidental falls.

The chief causes of death have been heart disease 29, pneumonia 27 and general paralysis 9.

Two patients have died from tuberculosis and there are 3 female patients suffering from this disease at the present time. Epidemic and zymotic disease has been confined to 4 cases of influenza and 3 of erysipelas. There have been no cases of enteric fever or dysentery. There is a group of 8 female patients in ward F3 at Rubery who are considered to be typhoid carriers. These patients are confined to bed and special precautions are taken to prevent the dissemination of the disease. Efficient steps are taken at the laundry to deal with possibly infected linen. Inoculation of the patients and staff was done about 15 months ago and it is continued with new admissions.

With the assistance of visiting specialists a very thorough examination is made of all cases soon after admission. If any cause of septic infection which might have a bearing on the mental or physical condition of the patient is discovered, prompt surgical measures are resorted to after consent of the relations. The results of this treatment in many cases are very obvious.

We are satisfied that the surgical and medical nursing at these hospitals show careful training and go some way towards the excellent results obtained. We also visited the two bungalows, which are most comfortable and well equipped, and the laboratory where we found much to interest us.

Our visit was a most satisfactory one and we were most pleased at the care taken of the patients and the way in which every possible thing is done for their health and comfort.

Dr. Graves, Dr. Selkirk and other members of the medical staff accompanied us round the hospital.

## BRIGHTON MENTAL HOSPITAL.

*October 15th, 1934.*

Visiting this hospital to-day we found 908 patients in residence—357 men and 551 women. Of these 9 men and 32 women were on a voluntary basis and 1 woman was a temporary patient. Only 1 patient, a woman, is out on leave or on trial at present. The number on the statutory books is therefore 909. We believe we have seen all the patients in residence and spoken to many. We gave two private interviews. Complaints were not unduly frequent; many, as is natural, were on the score of detention and the remainder referred to patients' uncertainty as to what had become of their personal belongings when they were admitted. Quite a number of patients at this hospital are elderly women who lived alone before certification, often in lodgings, and we feel great sympathy with their anxiety. In some cases we have asked that inquiries should be made concerning patients' belongings. It is, we realize, a matter of some difficulty. The hospital is much overcrowded, especially with regard to day space. The figures show that there is a deficiency by day of space for 86 males and 65 females, and we feel that we must draw attention in this connection to the large numbers of mental defectives who would be better placed elsewhere. It may not be out of place to mention here the fact that there is no separate block at this hospital for the admission of new patients where such patients can be received and treated in the earlier stages of their illness. The wards into which new cases are admitted have also a large number of sick patients who require special nursing care.

It seems to us that the erection of a separate and fully-equipped admission block is one of the most urgent needs of the hospital.

The weekly maintenance charge for rate-aided patients is 22s. 9d., and for private patients, of whom there are 37 men (25 in the service or ex-service class) and 47 women, from 28s. to 10 guineas. The average weekly maintenance cost is 24s. 1d. Eleven men and 47 women have full parole and in addition 61 men enjoy parole within the estate.

A great deal of redecoration has been carried out in the wards during the past year and we are glad to hear that schemes are afoot for re-furnishing many of the day rooms. We hope that these plans may be accelerated, for some of the wards, particularly on the male side, are bare and uncomfortable. The male acute ward No. 6 would be improved by the introduction of chairs in part to supplement and in part to supersede the present wooden benches.

Owing to the fact that the male dining hall is now being mainly used for arts and crafts, all male patients but those in ward 7 now dine in the wards. This rearrangement necessitates ward sculleries. One has already been constructed and a second is well under way, but we feel that this work should be hastened on as in those male day rooms without a scullery the conditions are not satisfactory. We have already referred to the overcrowding and the position is made worse by lack of space for china and cutlery—we saw some of the former that had to be kept in a sanitary annexe whilst the scullery was being fitted. Since last visit the central heating installation has been completed and it appears to be working satisfactorily. It is a most valuable addition to the comfort of the hospital. We were glad to hear that coat hangers and rails were being fitted in some of the wards and we hope that this idea will spread throughout the hospital. In particular we would like to see them in the cloakroom at Beechmont for the patients' outdoor coats. The better patients can now have their dresses made to measure, but we would like to see a greater variety of patterns used—the present one is somewhat dowdy and shapeless. While the materials for winter dresses are pleasing, those in stock for summer dresses were unattractive and even remarkable in design and must detract from the appearance of patients wearing them. A pleasing feature of this hospital is the great attention paid to amusements, and we are sure that the efforts made in this direction are much appreciated by the patients.

We were glad to hear that a central library is being formed and is to be opened to patients to-morrow.

The number of patients employed at this hospital is low. The miscellaneous returns for the year 1933 show a total of 374, or 42 per cent. of patients, as being employed and 190 of these are occupied only in ward work. These figures are of importance in considering the possibilities of developing occupation therapy. We were very glad to be told of the developments taking place. Members of the staff attend arts and crafts classes at Brighton, and they in turn pass on what they have learned to the patients. The male dining hall houses a male class of about 28 or 30 and a great variety of crafts is taught. In the wards, too, a certain amount of occupation is carried on, particularly on the female side. We were glad to hear that the work is to be pressed on and we hope it will result in a larger proportion of the patients becoming regular workers. We should like to suggest that drill should be started for patients on both sides. It has been found most beneficial elsewhere.

The present staff of nurses is as follows :—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	11	13	24
Ordinary	...	...	...	...	...	...	49	66	115
Night	...	...	...	...	...	...	11	13	24

Fifty-nine of the men and 47 of the women are certificated or registered as mental nurses, 6 men and 16 women have passed the preliminary examination.

The mortality rate for 1933 was 11·2 per cent., which is considerably higher than the mean rate of 7 per cent. for all the mental hospitals in England and Wales. Since the Commissioners' last visit there have been 83 deaths; post-mortem examinations were made in 60 cases. As in most mental hospitals, cardio-vascular diseases (33) figure most prominently amongst the causes of death, but it is seldom that such a high proportion (approximately one-third) of deaths is due to organic brain diseases. The number of deaths (7) due to respiratory diseases is very low.

Inquests were held in two cases. One patient was admitted having swallowed a liniment and died soon after admission. In the other case death was chiefly due to cardio-vascular degeneration, but was accelerated by shock associated with a fracturing of the thigh.

During the last year 8 patients, all women with one exception, have sustained fractures. In each case the injury was caused accidentally.

The general health of the patients has been most satisfactory. The most disconcerting group of illnesses was the large number (19) of cases of diarrhoea during the last two months of 1933, especially in view of the fact that 4 patients have died of dysentery during the last year. Patients who are known to have had dysentery, but in whom the disease is no longer active are distributed in several wards on both sides of the hospital. It is recognized that the classification of patients in an old hospital presents many difficult problems; but we think the chances of eliminating dysentery would be increased if all patients who are now suffering from dysentery or who have done so in the past were segregated in one or two wards on each side of the hospital. We discussed with the medical officer during our visit how the handling, especially in the wards, of foul linen could be reduced to a minimum.

The report of the dental surgeon for the year ending February, 1934, shows that a considerable amount of dental treatment is carried out. During a period of approximately 13 months 849 patients have been treated.

It is gratifying to note the encouraging record for the last year of the two out-patients' clinics held at Brighton by the medical staff of the hospital. The number of new patients attending these clinics indicates

that the clinics meet a real need. Most of the voluntary patients admitted to the hospital during the last year had, previous to their admission, attended a clinic.

Our visit to the hospital has been an interesting one and we have seen much that has pleased us. The medical superintendent was unfortunately away but we were rendered every assistance by Dr. Guppy and Dr. Humphry, who both escorted us throughout our visit.

#### CITY OF BRISTOL MENTAL HOSPITAL.

*March 15th, 1934.*

This hospital continues to be administered on good and progressive lines designed not only to ensure the maximum of care, comfort and freedom from restriction of patients during their stay in the hospital, but also to mitigate as far as possible the difficulties liable to be met with by discharged patients on return to their homes and civil life.

Admissions during the year 1933 totalled 341, an increase of approximately 50 upon the figures for 1932. Of this total 46 patients (30 women and 16 men) were received as voluntary patients, and 7 (6 women and 1 man) as temporary patients. Included in the total of 30 female voluntary patients aforementioned are 20 women who were admitted direct to the Grove Road House, the remaining 10 being received into the main hospital. The percentage of voluntary patients admitted during 1933 to the total admissions was approximately 13, showing an increase of about 5 per cent. on the corresponding figures for 1932, the number of temporary patients received in 1933, however, shows a slight decline when compared with the figures for the previous year.

There has been but little reduction in the proportion of patients admitted through the public assistance institution, the number for 1933 being 69 per cent. of the total admissions, as against 72 per cent. for the year 1932. We understand this question is still under discussion between the Committee and the public assistance authority, and venture to suggest that use of the urgency order procedure, provided in section 17 of the Mental Treatment Act, in suitable cases, might provide a solution of part, at any rate, of the difficulty.

There are now on the statutory books the names of 467 men and 574 women, 8 of the former and 11 of the latter being voluntary patients, the number of temporary is 3 (all women). During the year 1933, 8 men and 17 women were discharged to Stapleton Public Assistance Institution, some of these patients, however, have already been returned as unsuitable.

Upon the figures returned to us to-day there are 28 vacancies, both by day and night on the male side, the corresponding figure for the female side being 10.

A number of useful improvements and alterations have been carried out during the year, amongst which may be mentioned: The adaptation of rooms formerly used as nurses' dining-room and sitting-room for an occupation centre for women and a central lending library. The conversion of one of the visiting rooms into an X-ray room. The installation of a new electric hair-teasing machine in the upholsterer's shop and of a new washer, together with a steam clothes press in the laundry. A number of the rooms vacated by nurses, formerly sleeping in the wards, as a result of the opening of the nurses' home, are being adapted as single rooms for patients. In this connection we venture to hope that the possibility of adding to the number of clinical rooms available will not be lost sight of. We were very much pleased to hear that the installation of a sound-film apparatus has been sanctioned.

During our tour of the wards we found the patients generally well behaved, though some of the women were inclined to be noisy. The premises generally were in good order, but we should like to see an attempt

made to grow flowers in the ward gardens. We inquired into the question of night supervision and understand that a plan is now under consideration whereby bells will be installed in some of the observation dormitories which, in addition to ringing in the head night nurse's office on both sides, will bring red light indicators into play in the corridors, etc., thus attracting the attention of patrol nurses and indicating the wards where their presence is needed.

Much attention is paid here to the alteration, where possible, of financial and environmental difficulties in connection with discharge, and also to after-care. The hospital is fortunate in enjoying the services of an excellent lady welfare worker, who, besides attending the out-patient clinic at the Grove Road Home, visits the patients about to be discharged in the wards and investigates their home conditions. She also inquires into the financial and domestic problems of resident patients with a view to satisfying their anxieties in these directions, including, where necessary, the recovery of National Health Insurance benefits due to them. We appreciate that this lady's time is probably fully occupied already, nevertheless we make bold to mention that experience at other hospitals has shown that if facts in regard to the causes contributing to the breakdown of newly-admitted patients, historical and environmental, can be fully investigated by visits to their homes soon after their admission, considerable assistance is afforded to the medical officers charged with their treatment at the hospital.

No. 12 Grove Road continues to flourish as a combined convalescent hostel and out-patient clinic. There is accommodation for 30 women and patients can be admitted direct from the clinic on a voluntary basis. With few exceptions the patients at this home enjoy full parole; an occupation class is held here weekly. As stated above, 20 women voluntary patients were received direct into the home in 1933, while 25 patients were discharged recovered after "trial" there during the year. In addition to the provision for residence "on trial" at this home, after-care is also provided in the shape of small homes at Taunton and Bath for male and female patients respectively through the medium of the Bath and Bristol Mental Health Society.

The value of freedom from restriction is well understood at this hospital. At present 12 men and 2 women have parole beyond the estate and 61 men and 41 women within. In addition, 2 of the male wards are open to the grounds, and six of the female to the ward gardens. During 1933, 72 men and 90 women were frequently allowed out for the day with their relatives. Char-a-banc outings have been provided for both sexes.

The occupation officer, who commenced work shortly before the last visit, has now had occupation rooms in use on both the male and female sides for some months, and recently a weekly class at Grove Road has been begun. In addition, some patients are occupied in similar work in their own wards, their work being also supervised by Miss Smith. The activities of these centres and the variety of work undertaken in them has been of particular interest to us. They give excellent promise of a successful future for a kind of treatment which will be of more and more benefit in increasing the interest and thereby lessening the self-absorption so common amongst mental patients. The importance of training the nurses in occupational methods of treatment is fully realized.

In addition to her occupational work Miss Smith takes groups of women for games, such as net-ball, and also has charge of the "central lending library," to which suitable patients have access, and from which all may borrow books.

We paid a visit to premises in Snowdon Road which have recently been obtained to provide temporary accommodation for about 55 women.

The mortality rate per cent. for the year 1933 was 9.1. Since the last visit the deaths have numbered 77, a post-mortem examination having been made in 53 cases, giving a percentage of 69.

The principal causes of death have been: associated with diseases of the circulatory system (33 cases), of the respiratory system (11 patients, including 7 of tuberculosis) and from general paralysis in 6 cases.

One inquest has been held, the verdict being that death was due to broncho-pneumonia accelerated by an accidental fall.

The only epidemic diseases which have occurred since the last visit have been dysentery, affecting 2 male patients, and 4 cases of erysipelas: the only death being from the latter disease. The hospital has been entirely free from cases of influenza or typhoid fever during the period under review.

The incidence of tuberculosis has been rather high—17·8 per thousand of the population, compared with a mean rate for all mental hospitals of 8·3. At the present time there are 11 patients showing active signs of this disease, all being treated by the open-air method on verandahs.

Since the outbreak of dysentery in 1926 active measures have been taken to prevent this disease. In 1927 all the patients were treated with a vaccine, and since then every new patient has been inoculated immediately after admission. These measures, together with the frequent examination of possible carriers, evidently give efficient control over the incidence of this disease.

The four serious but non-fatal accidents which have occurred since the last visit have all been due to accidental causes.

The nursing staff comprises 73 male and 87 female nurses, of whom 13 and 11 respectively are on night duty. No female nurses are employed on the male side. Seventy-one per cent of the men and 38 per cent. of the women are certificated or registered as mental nurses. These latter figures compare favourably with the corresponding figures for all mental hospitals. Ten of each sex passed the final examination for the Royal Medico-Psychological Certificate in 1933 and 3 men and 13 women the preliminary examination.

The Medical Superintendent has the assistance of Dr. Herbert Smith, Dr. L. Barber, Dr. E. R. Hemphill and Dr. Penuel Grant Grant. There is also a visiting staff of specialists who attend when requested, with the exception of the pathologist and dental surgeon, who pay regular visits. If regular visits by the other specialist officers can be arranged we feel sure that it would add to the efficiency of the work of the hospital. During our visit to the occupation rooms we saw several patients who have been provided with spectacles with benefit to their health and their work, and heard of some others who possibly require glasses for the close work they are doing. These patients are, many of them, of an age when sight begins to change, and a routine examination of the eyesight of all patients engaged in sewing and similar work would undoubtedly be of advantage.

#### CANTERBURY MENTAL HOSPITAL.

*February 14th, 1934.*

We have to-day visited this hospital and we have seen all the patients in residence, 234 in number, and gave all who desired to do so an opportunity of speaking to us. We paid particular attention to one case but were asked for no private interviews. The patients were, on the whole, quiet and well behaved and made few complaints except upon the score of detention. We considered that the patients were in receipt of adequate medical and nursing care.

Of the 234 patients, 103 are males and 131 females, one of the latter being a voluntary patient. All the others were under certificates. As there are no patients out on leave or on trial at present these figures correspond with those on the statutory books. Fourteen men (6 in the service or ex-service group) and 21 women are private patients.

In a hospital of this size the number of admissions each year is small and in 1933 the number was 20. Only one of these cases was admitted on

a voluntary basis and we regret that knowledge of the benefits of treatment under the Mental Treatment Act, 1930, does not seem to be widely spread in Canterbury.

Upon the figures submitted to us there is an excess of accommodation on the male side by day of 7 and by night of 18 and on the female side a shortage by day of 3 and an excess by night of 8.

The weekly maintenance charge for rate-aided patients is 26s. 10d. and for private patients from 42s. to 84s. The average weekly maintenance cost as last ascertained is 29s. 7½d.

The number of patients allowed parole is small and all are males. Three are allowed beyond the estate and 10 have parole within the grounds. In view of the small number of patients (3) who are allowed to go into the city it may not be out of place to suggest that a small canteen might be started in the hospital, where patients could obtain small comforts and which could be patronized by patients' friends on visiting days.

During our tour of the wards we noticed that one or two are in need of redecoration and we were glad to hear that the male admission and infirm ward (M.A.I.) was shortly to be done up. We also felt that the admission wards on both sides were somewhat bare, and that the dormitories of these might be made more cheerful by the addition of flowers, even if made of paper, and that the central table in each might be made bright with some form of decoration. Although this is a bad time of year for flowers, other hospitals we have seen during the past few weeks have managed to get over the difficulty. We would like to suggest that the nurses should be encouraged to grow bulbs in all wards, as is done in the female private villa. In one day room we were very pleased with the bright check table cloths which have been introduced at meal times.

There are good supplies of books and illustrated papers in most of the wards and the patients are well supplied with games.

We noticed that the water closets are not supplied with toilet paper, and we would like to suggest the desirability of a change being made in this respect.

We hope that the kitchen premises will shortly be redecorated. In visiting the laundry we regretted to learn that the calender was still in need of a wire-netting guard against accident. The cost of this necessary protection is only a few shillings and in view of the fact that it is within our knowledge that serious accidents have occurred at other institutions for want of this protection, we feel sure that the Visiting Committee will give further consideration to this matter.

Since our colleagues' last visit 6 patients have died and post-mortem examinations were made in 4 of these cases. The low mortality rate of 5.2 per cent. for the year 1933 is very satisfactory. The hospital has been quite free from epidemics of all kinds and the general health of the patients is good. One patient recently sustained the fracture of a thigh as a result of an accidental fall.

The total staff of nurses is 51, 40 for day and 11 for night duty. Whereas only 4 of these have less than 1 year's service in the hospital the proportion of certificated nurses, 56 per cent. males and 23 per cent. females, is definitely lower than in most mental hospitals. We hope that an effort will be made to induce especially the younger women nurses to qualify for one of the recognized certificates.

From the miscellaneous returns for 1933, we find that only 115 of the 232 patients in residence were employed; but as no fewer than 54 of these simply assist with the ward work the numbers actively employed during the greater part of the day seem to be very small. We feel sure that the present staff could, if given opportunities of training, do much more to interest a large proportion of the patients in various activities. We suggest that one or two of the more responsible nurses should be

given the opportunity of visiting other mental hospitals to receive some training in occupation therapy.

Our thanks are due to Dr. Sall for his assistance to us during our visit.

CITY OF CARDIFF MENTAL HOSPITAL.

*March 20th, 1934.*

Our visit, the first for both of us to this hospital, has left us with a very favourable impression. Indeed, the hospital is in such excellent order and so well equipped that little room is left for offering suggestions.

During the year 1933 the admissions totalled 254, of whom no less than 59 per cent. (133 voluntary and 17 temporary patients) were received under the beneficent provisions of the Mental Treatment Act. These figures, which exclude regradings, are the more remarkable when it is realized that a majority of the patients are received through the public assistance institution; they form an excellent illustration of the possibilities under the Act.

To-day there are resident in the hospital 755 patients, in the proportion of 341 men to 414 women, 79 of the former and 97 of the latter being voluntary patients and 5 men and 6 women being temporary patients. It is interesting to note that of the 97 out-county cases only 1 man and 8 women are in the voluntary grade.

From the statistical returns made to us to-day it appears that, while both divisions are slightly overcrowded by day, there are 16 vacant beds for male and 18 vacant beds for female patients.

The average weekly maintenance cost as last ascertained was £1 6s. 8d.

A visitor to this hospital cannot fail to be struck by the progress which has been made in occupational treatment and its effect upon the conduct and contentment of the patients generally and especially those in what were formerly termed the refractory wards. As a result of this progress, according to information supplied to us, there are now only 47 patients on the male side and 72 on the female side who cannot be induced to employ themselves at any time.

Under the system of occupational treatment in force, patients (not including those engaged in work out of doors) requiring the more interesting and attractive occupations go to the occupation centres, while those who are capable only of simple tasks remain in the wards. The occupations are suitably graded and widely varied. The work in the male occupation centre is under the charge of an expert instructor of great experience, assisted by 2 technicians; a carpentry and woodwork shop has been added to the accommodation used for occupation purposes in this division since last visit. The female occupation centres are in charge of an officer who was formerly a sister in charge of a ward; she is assisted by a specially selected nurse and the former sewing-room mistress. With regard to the training of the nurses in this form of treatment, the plan has been adopted of passing all the sisters in charge of wards through the occupation centre for a 4 months' course, whence they return to take charge of the treatment in their wards. Lectures on the theory of the treatment are given by the medical officers, who are also responsible for prescribing treatment and visiting their patients wherever they are at work.

In addition, 2 classes are held daily in physical training in each division. Included in this course for the women are eurythmics and folk dancing. We were glad to note that gym costumes were provided.

The wards in this hospital are small, and excellent advantage is taken of this fact in the matter of classification. They are well equipped, nicely furnished and to-day, despite the time of the year, were well supplied with plants and flowers. The ward gardens also are of nice size and aspect; each ward is responsible for the cultivation and planting out of its garden, with apparently very good results. We were glad to note that many of the wards contained nests of lockers for patients, of which the latter have

keys. Another point of note is the provision of coat hangers in the cloak-rooms. One ward on the male side is devoted to service patients, who appeared to be very well satisfied with their accommodation.

The impression left on us by our visit to the wards was one of general contentment. Such complaints as we received were either on the ground of detention or obviously due to the disordered state of the patient's mind. The patients' clothing is of good quality and well-fitting. Efforts are made to effect as much variation as possible for both sexes and to inculcate smartness and self-respect.

A report on this hospital would be incomplete without mention of the great turnover of patients dealt with at the out-patient clinic which is held twice weekly at the Cardiff Royal Infirmary. This aspect of the hospital's activities is now so considerable that 3 of the medical officers attend on one day a week, when new cases and women are seen, and 2 medical officers on another day, when male cases are taken. During the year 1933, 207 new cases were dealt with, while total attendances numbered 916, 43 of the latter being made by discharged patients. Of the 207 new cases, 132 were from the City of Cardiff and the remaining 75 from outside.

Excellent work in connection with the out-patients' clinic is done by the social investigator who, in addition to interviewing patients at the hospital and obtaining histories, visits their homes to ascertain domestic and environmental conditions and assists in generally preparing the way for return to civil life of patients about to be discharged. An after-care house exists with accommodation for 3 women.

A number of very useful improvements have been made since the last visit, including a new washing machine in the laundry and a power-driven boot-finishing machine in the shoemaker's shop. Additions now being made include the installation in the general bathrooms of 2 needle baths and two scotch douches with the necessary complementary equipment, and the modernization of the electric lighting in the wards is in progress. We understand that the installation of sound-film apparatus is to be put in hand shortly and that the provision of a refrigerator is contemplated. These last two items will both fulfil long-needed wants.

The value of parole and freedom from restriction is well understood at this hospital, no less than 11.9 per cent. of patients enjoying parole beyond the estate, while 3 female and 2 male wards are open to the grounds and 5 wards for each sex are open to the gardens. In addition a considerable number of patients are allowed out on leave to their friends and relations from time to time.

The mortality rate per cent. for the year 1933 was 8.2. Since the last visit deaths have numbered 67, a post-mortem examination having been made in 53 cases, giving a percentage of 79. Death was due in 26 patients to disease of the circulatory system, and in 19 cases (including 7 of tuberculosis) to diseases of the respiratory system, whilst 7 patients died from general paralysis. All the deaths were due to natural causes and no inquest has been held since the last visit.

During the period under review there have been 6 serious but not fatal casualties involving fracture to bones, due in 4 of the cases to accidental falls in the wards. Of the other 2 cases, 1 was due to a blow by another patient, and the other occurred during a violent attack which the patient made on one of the nurses. The circumstances in which this accident occurred were investigated at the time and the nurse exonerated from all blame.

Since the last visit the hospital has happily been almost free from epidemic disease, there having been but 3 cases of influenza, 2 of the affected persons being members of the staff. There have been no cases of typhoid fever or dysentery. At present there are 7 patients who are known to have had tuberculosis, of whom 4 are showing active symptoms and are being appropriately treated.

During our visit we have been particularly interested in the excellent

research work which is being carried out in connection with the processes of metabolism. We have spent some time in the bio-chemical laboratories and have had some of the special apparatus actually at work demonstrated to us. Some of these bio-chemical methods of examination are already found of great benefit and are in regular use as means of diagnosis and prognosis in certain abnormal mental conditions.

The nursing staff consists of 38 male and 94 female nurses, of whom 6 and 11 respectively are on night duty. It is strong numerically. A feature of the nursing system is the somewhat extensive use made of female nurses in the wards for male patients. Five of the 10 male wards are entirely staffed by women, whilst 2 others have a sister and a charge nurse (female) with 3 and 1 respectively male probationer nurses to assist them.

The admission ward for certified patients and the two "refractory" wards above are entirely staffed by male nurses; the Matron is in charge of the whole nursing staff. This allocation of duty is found in practice to work extremely well, and since it has been in full working order has presented no serious difficulty. As a matter of fact it has been found to possess many advantages.

The records are kept in separate files for each patient in the clinical rooms, of which there is one to each ward. In addition to the usual particulars each file contains a record of the routine special examinations made on admissions, including those of the blood and cerebro-spinal fluid, as well as a full report of the social investigator. The records are very well kept, the clinical notes by the medical officers being supplemented by useful notes by the charge-nurse.

We were accompanied throughout our visit by Dr. McCowan, who has the assistance of Dr. R. Strom-Olsen as deputy medical superintendent and of Dr. T. J. Henelly and Dr. I. J. Davies as assistant medical officers. At the present time Messrs. T. J. Thomas and J. B. Phillips are acting as clinical assistants.

#### CROYDON MENTAL HOSPITAL.

*October 22nd, 1934.*

Our visit has been an interesting one and favoured by a fine autumnal day. The hospital continues to be excellently administered, it is in all respects well ordered and we are satisfied that the patients are as content and satisfied with the care and attention given them as the circumstances of their detention permit nor had we anything in the nature of complaint as to their treatment or diet.

The clothing of the women has always received careful attention at this hospital and we were pleased to see that this has in no way been relaxed and how much work is being done in the sewing room where many examples of work were to be seen. We also saw a small exhibition of the work done by the women in embroidery, fancy and basket work which is carried out in the wards. We are glad to hear that plans are now under consideration for adding occupation rooms to the amenities of the hospital and when these are completed Dr. Berncastle will be able to increase this branch of treatment so essential, as he fully recognizes, to the well-being and happiness of the patients. The monotony of institutional life is such that any interests and occupations which tend to alleviate it cannot be other than beneficial. Physical drill for some of the female patients has been added to the measures for interesting them and we understand that a class for folk dancing is soon to be started.

No additions of outstanding importance have been effected since the last visit, but we may mention that a new flooring has been laid in the male infirmary and that some useful additions have been made to the laundry appliances.

A health visitor has been appointed whose work has been found most

helpful, although no advance has been made in the application of the provisions for admission of patients under the Mental Treatment Act. Dr. Berncastle is endeavouring to bring this matter before those who are necessarily associated with its administration. At the moment there are no temporary patients in the hospital and but 18 voluntary patients—11 males and 7 females.

There are to-day 323 male and 573 female patients on the books, in all 896 and including the 18 voluntary patients already referred to. Those on trial number 8—males 3, females 5, leaving in residence 320 men and 568 women, a total of 888.

Overcrowding exists to the extent of 39 men and 57 women, but we look forward to the time, and we hope not far-distant, when an admission hospital and convalescent wards will be features of this hospital and so place it on a level with the best-equipped mental hospitals in the country.

The privilege of parole is well recognized and a number of the wards are administered on the open-door principle, either in full or limited.

The cost for home patients is 21s. 7d. per week per head, and for private patients from 23s. 4d. to £5 5s. 0d.

The staff consists of:—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	8	13	21
Ordinary	...	...	...	...	...	...	36	46	82
Night	...	...	...	...	...	...	11	15	26

No female nurses are employed on the male side.

Those registered or certificated as mental nurses number 34 male and 31 female nurses.

The general health of the patients since the last visit has been very good. We were pleased to note that there have been no epidemic or zymotic diseases except 7 sporadic cases of erysipelas. At our visit there were only 4 active cases of tuberculosis—3 male and 1 female—who are receiving satisfactory treatment in the infirmary wards.

The patients in bed numbered 73—40 female and 33 male—many for mental reasons; all showed evidence of careful medical attention and sound nursing. The mortality rate for the year ending December 31st, 1933, was 8.2 per cent., which is slightly higher than 7.2 per cent. the average for all mental hospitals in England and Wales.

Since the last visit there have been 60 deaths, and in 36 cases post-mortem examinations were held. The principal causes of death were heart disease 13, cardio-vascular degeneration 9, general paralysis 4, and no cases due to cancer are reported.

Two inquests have been held, the particulars of which have been reported to our Board. During the same period there have been only 3 serious accidents, all fractures, 2 of which were due to accidental falls and the other to being pushed over by another patient.

The small number of accidents shows evidence of the care and attention paid to the patients by the staff.

We were pleased to hear that the out-patient clinic was being taken advantage of by an increasing number of patients. This is a gratifying fact when it is remembered that the mental hospital is situated about 6 miles from Croydon and necessitates a long journey for those attending.

The medical staff in their respective wards showed an intimate knowledge of their patients which we found most helpful.

#### DERBY BOROUGH MENTAL HOSPITAL.

*February 22nd, 1934.*

We began the annual inspection of this hospital yesterday afternoon and have completed it to-day.

Since the last visit of inspection by two of our colleagues a very important addition has been made to the hospital in the shape of the

new nurses' home, which was opened in June last by the Chairman of our Board. We feel sure that this fine building will add to the comfort and efficiency of the nurses and will therefore be to the benefit of the patients. In addition there has been some redecoration in male 5 and female 1 wards. Amongst the improvements contemplated are, the conversion of the night nurses' block into a sewing room, and of the kitchen-maids' block into an occupation room, the extension to the kitchen and an admission hospital. This latter addition has long been wanted and we earnestly hope that its accomplishment will not be long delayed.

We found the hospital well maintained and administered and the wards and dormitories clean and well ventilated, and the day rooms warm and comfortable. The sanitary spurs were well kept and we were glad to see that those patients who can appreciate them have their own towel and a small locker for their tooth brush and glass. In female dormitories 3 and 4 there was a thick rug on each bed which the patients can pull over them if desired.

The patients, except in one ward, were very quiet and orderly, very friendly and ready to talk and very free from complaints. In the ward where the worst of the female patients were housed, one woman started to make a noise and it was quickly taken up by others, as is so often the case.

During 1933, 121 patients were admitted, including 15 voluntary and 49 temporary patients.

At the present time there are on the statutory books the names of 235 men and 312 women, a total of 547. In these numbers are included 16 voluntary and 20 temporary patients, 41 private patients, of whom 19 are service and ex-service patients, and 6 out-county patients. One patient was away on leave or trial at the time of our visit. The hospital is overcrowded to the extent of 31 on the male and 20 on the female side, both by day and night, this total of 51 is more than double the figure given by our colleagues at their visit on January 26th last year and must be regarded with some anxiety.

Twenty-five men and 21 women are given parole beyond the estate and 70 men and 14 women within the estate.

The nursing staff consists of 5 men and 7 women holding charge rank, 26 men and 31 women ordinary nurses and 3 men and 5 women night nurses.

Twenty-four men and 18 women are certificated or registered as mental nurses and 6 men and 11 women have passed the preliminary examination.

We hope very much that a determined effort will be made to start occupation therapy on a properly organized basis under a trained officer, including physical drill and games. We have lately seen classes from the most turbulent wards in another hospital being held with very marked results and improvement in both health and discipline, and it was obvious, too, that the patients, or most of them, thoroughly enjoyed it.

The mortality rate during 1933, as returned to us, was 9 per cent. for male patients and 6.4 for females, giving an average of 7.5 per cent. for the hospital population of 540 over the same period. The number of deaths occurring since the last visit 13 months ago is 22 males and 17 females. The causes of death include a man from general paralysis of the insane, 5 women and 1 man from tuberculosis, 2 women and 3 men from influenza during the month of February last year, when 46 patients and 14 staff were affected, and a large number from the terminal conditions following senility.

There have been no inquests.

The causes of death were verified by post-mortem examination in 35 out of the 39 instances and in no case was a bed sore recorded.

The nursing of the sick is properly carried out under existing conditions, which do not include an admission hospital, but, as we have already

mentioned, this addition is contemplated and will add very much to the amenities and usefulness of the hospital if carried through.

There were to-day 13 tuberculous patients under treatment (6 males and 7 females). This high figure is accounted for by the fact that a period of two or more years' freedom from active signs is allowed to elapse before these patients are considered to be cured. Actually there were to-day only 1 woman and 4 men in the active states, all of whom were being nursed under suitable conditions.

Four female and 2 male patients have sustained fractures during the period under review, all were accidental and non-fatal.

In the laundry the calender has now been protected and a steam jet for the proper cleansing of the bins has been supplied. We inquired carefully into the treatment of the fouled clothing and into the hygiene of lavatories, etc., and found these matters quite satisfactory, but our inquiries in the kitchen lead us to believe that the supervision of working patients after using the w.c. there needs closer watching, which Dr. Bain has promised to deal with.

Dr. Bain has to assist him Dr. Barbour and Dr. Casey.

#### CITY OF EXETER MENTAL HOSPITAL.

*January 26th, 1934.*

We have to-day paid the annual visit of our Board to this hospital and we believe we have seen all the patients at present in residence. They were quiet in demeanour, and no complaints of any kind were made nor were there any requests for private interviews. Indeed, we have been much struck by the happy atmosphere which prevailed and we are sure that the patients here are kindly treated and receive skilled and careful medical and nursing attention. The number of patients in residence to-day is 367—180 males and 187 females. Of these 5 of each sex are voluntary patients and 3 females are temporary patients—the remainder being all under certificate. Three men and 1 woman are at present out on leave or on trial. The number on the statutory books is therefore 371. Forty-three men and 29 women are here as private patients, of whom 3 men are voluntary patients and 1 woman a temporary patient, and 16 certified males in the service or ex-service class.

There is a deficiency of day space for 14 males and 19 females and a deficiency on the males side by night for 5 patients. On the female side by night there is sufficient accommodation for a further 18 patients.

The weekly maintenance rate for rate-aided patients is 24s. 6d., and for private patients from 28s. to 45s. The weekly maintenance cost is 21s. 8d.

Eighteen of the men and 14 of the women enjoy parole beyond the estate and 38 men parole within the grounds. One ward on each side is administered on the open-door principle.

A good deal of plastering and painting has been carried out since last visit and the wards—both day rooms and dormitories—are in excellent condition and are light, airy and well warmed. The ward gardens we thought were well laid out and carefully tended and owing to the low fence of inconspicuous wire have an open appearance which is most pleasing.

The stock of books and periodicals in the day rooms is most adequate and there are most excellent green plants in all wards.

We saw a substantial dinner of fried fish, potatoes and peas with jam tart as sweet being prepared in the kitchen and afterwards being eaten in the wards. The plates upon which it was served appeared to be adequately warmed.

Many of the patients were usefully occupied and we saw some of the men in the handicrafts room busily engaged upon basket work, stool making and coco mat making. We were glad to hear of the progress in occupation therapy on both sides of the hospital during the past year.

In the laundry we thought the calender was in need of further protection against accident and we would like to suggest that a fixed steam jet for sterilizing the clothes bins should be placed in the foul laundry.

The nursing staff is as follows :—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	4	4	8
Ordinary	...	...	...	...	...	...	19	20	39
Night	...	...	...	...	...	...	4	4	8

Fifteen males and 8 females are certificated or registered as mental nurses and 2 men and 8 women have passed the preliminary examination.

The health of the patients since last visit has been exceptionally good, not a single case of any epidemic or zymotic disease has occurred. In going round the wards we were struck by the very few cases who were confined to bed. The mortality rate for year ending December 31st, 1933, was 6 per cent.—7 per cent. male and 5 per cent. female—which is below the average rate for all mental hospitals in England and Wales.

Since last visit there have been 17 deaths and in 11 cases post-mortem examinations were held. The principal causes of death were: general paralysis 6, pneumonia 3, malignant disease 3, tuberculosis 1, and at present there is no patient under treatment for this disease. No inquests have been held.

There were only two serious but not fatal accidents, one a forearm fracture due to a push by another patient and the other a dislocation of a shoulder joint in a very stout patient due to an accidental fall.

The dietary is made out on a four-weekly scale, with a slight variation between the private and service patients, and the rate-aided class. It is well varied and fish is supplied once a week, but not always on the same day. At tea, marmalade, cake, or jam is supplied daily, as well as a light supper of soup, cheese, or buns with coffee. We had no complaints about the food and several of the patients praised it.

Our thanks are due to Dr. Reid and his assistant, Dr. Black, for their assistance to us in the course of our visit.

#### GATESHEAD MENTAL HOSPITAL.

*September 21, 1934.*

There are to-day on the books of this hospital 462 patients. Two men and 4 women are at present out on trial, leaving 456 patients in residence, in the proportion of 214 men to 242 women.

According to the returns furnished to us, the day space is overcrowded to the extent of 22 on the male and 29 on the female side, but the night accommodation shows vacancies for 2 men and 5 women. There are 3 private patients and 20 service or ex-service patients. Out-county patients number 99, of whom 73 (13 men and 60 women) are chargeable to the Borough of East Ham and 24 (19 men and 5 women) to South Shields.

During the year 1933, 11 patients, 4 men and 7 women, entered the hospital on a voluntary basis and 1 woman was admitted as a temporary patient. Corresponding figures for the present year up to date show 5 voluntary patients and 1 temporary patient. The percentage of voluntary patients to direct admissions in 1933 was approximately 15 per cent., which does not compare unfavourably with that of the majority of mental hospitals. We understand, however, that with one exception all these patients attended in the first place at the out-patient clinic in Gateshead and that no case was received during the year on a voluntary basis from High Teams Public Assistance Institution. Inasmuch as we are informed that a very considerable proportion of the patients received here come through the High Teams Institution we cannot help feeling it would be of advantage if cases coming through that institution received

careful consideration from the Mental Treatment Act standpoint, with a view to ensuring that patients who were willing to enter the hospital on a voluntary basis should not be deprived of the benefits of the Act. With regard to temporary patients we should like to hear that the appropriate committee of the authority were taking steps to ensure that the relieving officers are aware of and well versed in the relevant section of the Act and that the requisite forms are easily available when a patient's case falls to be dealt with through them.

The wards at this hospital are well kept and in general bright and pleasant in appearance. We were pleased with the state of the sanitary annexes and the obvious care taken to keep them clean and in good sanitary condition. It was gratifying to find that there was an ample supply of hand towels and that tooth brushes were used and suitably stored. The wardstock lists disclosed a good supply of all requisites, while in general there appeared to be a suitable supply of indoor games for the patients we noticed that there was only one billiard-table on the male side. As regards books and papers, we venture to suggest that book-binding might well form one of the occupations for the patients and that the supply of daily papers (at present only one per ward) should be considerably increased. We noted in two of the wards excellent fitments for hanging patients' coats and understand that this provision is in process of extension throughout the hospital. There appear to be no means of heating the plates for dinner in the summer months.

The patients were all tidily dressed and shod and there was little evidence of noise or excitement. Appeals for discharge were remarkably few.

We were interested to see the progress that is being made in occupational treatment at this hospital. We are aware that the organization of this form of treatment is of necessity a slow progress, but we think that development is proceeding on the right lines. We would, however, stress the importance of training as many nurses as possible in these activities in order that they may be competent to take charge of the treatment in their wards. We gathered that about 20 per cent. of the men are employed out of doors, and in this connection were interested to see about 15 men employed on cement work (curbs, pergola posts and other articles), which has been started during the last 6 months.

About 9 per cent. of the men enjoy full parole and 29 men and 12 women have parole within the estate. Two of the male and one of the female wards are administered on the open-door principle and one ward for each sex has access to the grounds.

No mechanical restraint has been employed since the last visit and it has not been found necessary to resort to seclusion in a single case.

The death-rate per 1,000 for 1933 was 53, which, compared with the average for all mental hospitals of 72, was low: it was more especially so on the women's side, where the rate was 45, compared with the average rate of 69 for women in all mental hospitals.

The number of deaths since the last visit, 19 months ago, has been 37, of which 67.5 per cent. were the subject of subsequent examination. No inquests have been held. Disease of the heart or brain and general paralysis account for 21 of the 37 deaths, malignant disease for 6 and tuberculosis for 3. No patient has died of other infectious disease or of epilepsy.

At the present time 3 men and 7 women are suffering from tuberculosis, nearly all having it in an acute form, and some having manifested the disease on admission or shortly afterwards. They are nursed under open-air conditions and contacts of fresh cases are carefully observed. Two men and 1 woman who had typhoid fever some 4 years ago are known to the staff. The hospital has had very little general sickness save a few cases of influenza among women.

The high proportion of 21 per cent. of the women were in bed to-day, partly on account of physical debility, or partly owing to periodic excitement and various forms of illness. As few as 2 women have sustained fractures since the last visit, one from falling and one from banging her bedroom wall.

The existing diet table, which is about to be revised, does not represent the variety of food which is issued. We are glad to hear that a three-weekly rotation of dinners is under consideration.

We paid a visit of much interest to the farm; it would facilitate the cleansing of milk vessels here if a cold-water and a steam spray were fixed on a wooden platform on which the cans could drain and be stood between milkings.

The nursing staff consists of 43 on the men's side, and 45 on the women's, 7 on each side being on night duty. Over 65 per cent. of the male nurses hold the certificate for mental nursing and nearly 38 per cent. of the women nurses.

Dr. Brown still has the assistance of Dr. V. H. Barker. We understand that an increase in the medical staff is contemplated in the not too distant future.

#### CITY OF HULL MENTAL HOSPITAL.

*April 17th, 1934.*

We have completed the annual visit to this hospital on behalf of our Board which we began yesterday afternoon.

We were sorry to find that the new reception hospital had not yet been brought into use owing to unsatisfactory condition of the heating arrangements. On inspecting the building we noticed a number of heating pipes in the single rooms which will require casing in some manner if risk to depressed patients is to be avoided. We hope that this matter will receive early consideration in order that it may be dealt with before the building is occupied by patients.

We have also paid a visit to the new nurses' home, which is now practically completed and only awaits furnishing. The importance of this home to the hospital can hardly be over-emphasized. We found it a very pleasant building and have no doubt that the amenities it offers will result in added contentment and efficiency of the staff. We have some doubt whether the kitchen equipment already installed will prove wholly adequate for its task and venture to suggest that the addition of a fish-fryer and a small refrigerator is desirable in order to bring the culinary arrangements up to the standard set by the general arrangements of the building.

We were very much pleased to hear that it is proposed to provide a number of clinical rooms in the wards in the main building out of the accommodation released by the transfer of nurses now sleeping in the wards to the home.

Another interesting item in connection with the nurses' home is the appointment of a home sister who will also undertake the duties of sister tutor. An excellent lecture-room is among the many amenities of the home.

We have discussed the question of staffing arrangements in the main building and the reception hospital with Dr. Anderson.

There are to-day on the statutory books the names of 846 patients, in the proportion of 396 men to 450 women, 10 of each sex being voluntary patients and 3 of the men temporary patients. There are at the present time 2 patients boarded out under section 57 and 1 woman is on trial. According to the statistical return made to us, the male side is overcrowded to the extent of 68 patients by day and 28 by night, while on the female side there is a deficiency of accommodation for 39 patients by day and no beds to spare. It would appear that, with the accommodation already in existence and contemplated, added to the rooms vacated by the nurses, there will be a satisfactory working surplus of accommodation for some little time to come.

We note that the weekly maintenance charge for certified private patients is £2 2s. 0d. and that for voluntary and temporary private patients a charge of 24s. 6d. is made.

Since the last visit the erection of the new mortuary and viewing-room has been completed as has also that of the new cemetery chapel. New heating apparatus is now being installed throughout the whole hospital and will enable many of the single rooms, formerly not heated, to attain a satisfactory temperature. Here again we noticed a number of pipes in the wards which will require casing. We think it desirable that the whole question of the heating apparatus—pipes and radiators—should be brought under consideration from the point of view of possible risk or danger to patients arising from them. The day rooms, dormitories and galleries were in good order, though some redecoration, postponed owing to the installation of the heating system, is getting somewhat in arrear. There appeared to be a good supply of games and articles of amusement for recreation of the patients. We should, however, like to see a larger number of books supplied to the wards.

A mobile canteen has been started and appears to be meeting with great success. Out of the profits thus made on the sale of chocolates, cigarettes, etc., a number of gramophones have been purchased. We understand that as soon as the nurses' home is opened, a room now used by the female staff will be set aside for canteen purposes.

Generally speaking the patients appeared reasonably contented, although appeals for discharge were numerous. They were tidily dressed and satisfactorily shod. We are satisfied that much careful thought is given to their comfort and welfare and that they are well cared for. We hope that it will be found possible to provide lockers for the patients in the better conducted wards as soon as space in the latter, due to a decrease in over-crowding, becomes available.

We were glad to hear that amongst the improvements contemplated is the provision of an occupation centre. There can be no doubt that at the present there is great scope for occupational treatment here. In making a start we would emphasize the absolute necessity of an organized system of training the nurses in order to enable them to supervise the work, much of which will eventually be carried out in the wards. We hope that the Committee will appoint an occupation officer and that in making their selection, they will bear in mind that a person of good education and with considerable initiative is required.

We were very much interested in the Medical Superintendent's remarks in his annual report concerning the activities of the out-patient clinic. During the last year 16 male and 20 new female patients have attended the clinic and altogether 180 consultations were given. With the important developments of the medical services of this hospital in the near future we shall doubtless find a considerable change in the attitude of the general public towards it and the clinic will serve an important function in making the first contact with patients in need of treatment. The efficiency of the clinic would be much enhanced if the services of a social worker, even if only a part-time officer, were available. The same officer could also undertake the very important work of after-care of discharged patients.

Since the last visit 50 patients have died and in 36 cases post-mortem examinations were made. Inquests were held on three deaths. In one case the patient hanged himself, in another the patient committed suicide by drowning. The other was a case where the patient set fire to her clothes. We investigated the circumstances of each case and we are communicating to the Board the additional information we have received.

Since the autumn of 1932 there have been two cases of enteric fever; the medical staff very wisely made an examination of all patients in order to find the carriers. One male and 1 female patient gave positive results and it is interesting that both these patients have been resident in the

hospital for over 20 years. Suitable precautions have been taken to avoid the spread of infection by these patients.

The nursing staff consists of 58 male and 52 female nurses for duty by day and 7 and 9 respectively by night. The average number of patients to each nurse is 13.9 by day and 75 by night. The corresponding mean numbers for all mental hospitals in England and Wales are approximately 11.4 and 66. The disparity between these figures is all the more significant inasmuch as this hospital is smaller than the average. With the opening of the nurses' home in the course of the next few months, the problem of accommodating the female staff will be solved and we hope that the number of female probationers will be increased.

#### IPSWICH MENTAL HOSPITAL.

*March 9th, 1934.*

We have to-day made the annual inspection of this hospital on behalf of our Board, and are glad to report that it continues to be well managed for the comfort and welfare of the patients residing here.

Since our colleagues' visit nearly a year ago the male infirmary extension has been completed, which gives 20 extra beds. It comprises additional dormitory, solarium, and 3 single rooms with sanitary annexe. There is also a separate entrance, with waiting-room for patients' friends visiting, just off the older part of the dormitory.

From statistics furnished to us we learn that during last year, 1933, there were 60 patients admitted—18 men and 42 women, of whom 3 and 18 respectively were on a voluntary footing, and 1 man and 4 women came as temporary patients. Two men were transferred elsewhere, and 8 men and 21 women left or were discharged. Six of each sex of these were recovered. Seventeen men and 11 women died during the year.

Six men and 9 women have been admitted since the commencement of this year, 5 men and 3 women being on a voluntary basis, and 1 woman as a temporary patient. Five patients have left, and 5—2 men and 3 women—have died this year.

There are now on the statutory books the names of 345 patients in the proportion of 144 males to 201 females; one of each sex is now out on trial, leaving 343 patients in residence.

Private patients number 26 men and 24 women, 13 of the former being service patients.

There are 23 men and 24 women received under contract from Bury St. Edmund's, at the weekly maintenance charge of 25s.

The charge for the borough patients is 24s. 6d., and for those of the private class from 30s. to 42s.

The average weekly cost as last ascertained was 22s. 4½d.

The total accommodation as now returned is for 159 men and 149 women by day, and for 161 men and 181 women by night, so that on the present numbers on the books there is sleeping accommodation for 17 more men, but the female side is overcrowded to the extent of 20 patients. The Committee have under consideration the question of providing a convalescent villa for female patients.

We found the patients on both sides contented and free from complaints, and tidily and well clothed. We were glad to see several wearing their own clothing, and also some of the women with knitted caps of various colours which had been made in the occupation centre. This department has made good progress, and this morning we saw a class of 22 women engaged in various forms of handicraft.

Parole is given to 22 men and 4 women beyond the estate and 17 men and 20 women have that privilege inside the grounds. Walking parties are also taken out, and week-end leave is granted. The day rooms and galleries were well kept, and there was a good supply of flowers and plants.

The dormitories and single rooms, with their beds and bedding, were in proper order. Second exits from M5 and F5 dormitories have been provided.

The question of the provision of plate warmers will come up for consideration with the heating of the wards and dormitories.

A water-softening plant has been installed since the last visit.

There is a need for better cloakroom accommodation in the wards, and we should like to see lockers provided in which the patients could keep their private belongings.

The nursing staff consists of:—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	3	3	6
Ordinary	...	...	...	...	...	...	18	21	39
Night ...	...	...	...	...	...	...	4	4	8
<i>Of the above:</i>									
Certificated or registered	...	...	...	...	...	...	14	15	29
Passed preliminary examination only	...	...	...	...	...	...	6	3	9

We visited the nurses' home, where good accommodation is provided for a sister, 24 nurses, and 10 of the domestic staff.

The general health of the hospital is very good. There has not been any acute diarrhoea, dysentery or enteric fever for more than 2 years, and there is no one at the present time on a caution card for these diseases.

The incidence of tuberculosis is low—2 cases occurred last year, with 1 death, and there is only 1 case, a male patient, now under treatment in the verandah.

Very few patients were in bed to-day for sickness; of the 14 male and 20 female patients so confined most were in bed for mental reasons or on account of old age.

The extensions to the infirmary wards on each side afford much greater facilities for nursing under hygienic conditions besides giving a more pleasing outlook to bed patients, and many expressed their appreciation of this, and the general arrangements for their care and comfort.

The mortality rate for 1933 was 11.4 per cent. for males, and 5.6 per cent. for females.

Twenty-six deaths have occurred since the last visit (15 men and 11 women) and the cause of death was verified by autopsy in 15 instances. No bedsores were present at death.

Amongst the causes of death were 4 from general paralysis of the insane, 1 from tuberculosis and 9 from conditions connected with old age; also an inquest was held on 1 man who died as the result of an injury the circumstances of which have been fully reported to our Board, and need no further comment.

One patient—a woman—slipped in the ward and sustained a fractured clavicle.

Dr. Banbury's clinic at the East Suffolk and Ipswich Hospital on Fridays continues to do good work, and is popular. Last year 64 new cases were seen, 10 entered the mental hospital as voluntary patients, and 12 were relieved of their symptoms, 14 patients were referred to him only for diagnosis and advice. This record is very satisfactory and we congratulate all concerned.

When visiting the laundry we drew Dr. Banbury's attention to the calender, which needs further guarding. We also went into the system of dealing with fouled linen and believe this to be satisfactory, but have asked Dr. Banbury to test its effectiveness by examination of the effluent from the hydro-extractor.

Dr. Banbury still has the services of Dr. Maccallum as his medical colleague.

## CITY OF LEICESTER MENTAL HOSPITAL.

October 18th, 1934.

We have to-day made the annual inspection of this hospital on behalf of our Board and are glad to say that we have found everything in excellent order, the fabric well maintained and the patients happy, contented, and thoroughly well cared for. The wards were well aired and well warmed, comfortably furnished and nicely decorated with plants. The book-shelves were well supplied with books and we were told that the better-behaved patients can go to the library and choose their own books. In various places in the hospital and in the nurses' home we saw some very nice pieces of cane and wickerwork furniture of a strong, serviceable type, which had been made in the occupation class, which we afterwards visited; the men were busy making more furniture and the women were doing wool-work, weaving on small looms and other handicrafts. In one of the wards we saw a capitally planned hot cupboard for heating plates by means of the ordinary domestic hot-water supply, being passed through the metal cupboard under the shelves on which the plates are put; it seemed to be very effective. In some of the wards on the male side there were reading stands for the daily papers and we were told that far more people now use the papers than formerly. We saw a capital squad of patients at physical exercises. One of the patients has in the past done a lot of this class of training, and he is able to lead the squad while the attendant can look after and help individuals. The patients seemed to enjoy the drill, judging by their countenances.

In another of the male gardens a quoit competition was in progress as well as other games, and we were very pleased to hear that such games are very much encouraged here.

In the laundry we noticed that none of the hydro-extractors have locking arrangements. There are various sorts available and we think that they ought to be fitted, and the fact that there has never been an accident here connected with them does not alter our opinion.

Every patient has a clean towel at the end of his bed, but the number of male patients using night-shirts is comparatively small; whatever the prejudice against them may be, we hope in time all male patients will be persuaded to wear them.

During 1933 there were 228 admissions, including 60 voluntary patients. To-day there are resident in the hospital 415 men and 608 women, a total of 1,023; 1 man being away on trial.

The accommodation of the hospital is being considerably overstrained at present, there being 64 patients over the official numbers by day, and 20 by night. The matter is, however, engaging the careful attention of the Committee.

The weekly charge for home patients is 2ls. 7d., and for private patients 22s. 2d. to 63s.; the average weekly maintenance cost as last ascertained being 21s. 2.6d.

No fewer than 334 patients are allowed parole within the estate and 91 beyond the estate boundaries, and of these two a large proportion are women.

The nursing staff consists as follows:—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	8	11	19
Ordinary	...	...	...	...	...	...	39	51	90
Night	...	...	...	...	...	...	7	7	14

Twenty-four nurses of each sex are certificated or registered as mental nurses and 8 men and 12 women have passed the preliminary examination.

A considerable amount of redecoration and painting has been done since the last visit. A continuous bath and needle spray has been installed in F8. New offices have been built for the clerk and steward's department, and various other improvements have been made.

The mortality rate for the year 1933 was 7.2 per cent. There have been 72 deaths since the last visit, 35 males and 37 females. Post-mortem examinations were held in nearly 96 per cent. of the cases. The diseases chiefly responsible for the deaths have been heart disease 17, pneumonia 8 and senile decay 7.

Three inquests have been held. One of these was the case of a female patient who committed suicide whilst on leave; both the other cases were due to injuries as a result of falls in the hospital. Serious but not fatal injuries numbered 26. These were chiefly fractures of bones due to accidental falls, in 5 cases there was contributory violence by other patients. The incidence of dysentery has decreased during the last year. There have been 4 cases since the last visit, all on the female side and all mild in character. We think and hope that adequate precautions are being taken in the wards and laundry to prevent an outbreak of this disease and we were informed that periodical tests are made in the laboratory on the excreta of old dysentery patients. The lavatory for the use of male workers in the laundry is small and at the time of our visit soap and towels were not supplied.

The nursing of patients in the sick wards appears to be carried out in a satisfactory manner, though on the male side the ward used for this purpose is far from being suitable or convenient. It lacks many of the advantages usually associated with a ward devoted to the care of the sick and the accommodation is at times insufficient.

The out-patient clinic at Tower House continues to attract a good number of patients and is responsible for the admission of many voluntary patients to the hospital.

Amongst the recently-admitted certified patients we saw several whom we thought might have been admitted on a temporary basis. Some of them were cases of young women being admitted with a prospect of speedy recovery. It is in cases of this nature that we would like to see certification avoided by taking full advantage of the applicable sections of the Mental Treatment Act.

#### CITY OF LONDON MENTAL HOSPITAL.

January 16th, 1934.

Yesterday and to-day have been spent in paying our annual visit of inspection to this well-administered and progressive mental hospital, and we are glad to be able to pay immediate tribute to the high standard of medical and nursing care enjoyed by the patients. Great efforts are made in all departments to render the lot of those undergoing treatment a happy one.

We have before us a long list of work carried out in the hospital during the past year to improve the general standard of comfort, and to maintain the structure in a good state of repair. Many of the improvements and much of the redecoration was noticed by us during our tour of the wards. In particular we must mention the admirable redecoration of the dining hall, and the addition to it of four large electroliers of a decorative design. The whole of the laundry has been done up, and a great deal of general repapering and painting has been carried out in all parts of the hospital—this was particularly noticeable on the female side.

We were glad to learn that a Morris-Cowley saloon car had been purchased very cheaply during the past year, and is being used to take suitable patients for drives.

The number of patients at present in residence is as follows :—

							Male.	Female	Total.
Voluntary	...	...	...	...	...	...	43	32	75
Temporary	...	...	...	...	...	...	5	11	16
Certified	...	...	...	...	...	...	236	325	561
Total							284	368	652

Twelve patients are at present out on leave or on trial, and this gives a total of 664 patients on the statutory books.

A noticeable feature at this hospital is the large number of private patients—almost two-thirds of the total—the figures are as follow :—

							Male.	Female.	Total.
Voluntary	...	...	...	...	...	...	44	31	75
Temporary	...	...	...	...	...	...	5	11	16
Certified	...	...	...	...	...	...	118	215	333
Total							167	257	424

Of these patients, 18 males (1 a voluntary patient) are in the service or ex-service class.

The figures of admissions during 1933 are interesting as showing the way in which the benefits of the provisions of the Mental Treatment Act (1930) are being used at this hospital. In 1933 there was a total of 135 admissions, of these 79 (53 men and 26 women) came in as voluntary patients—20 (7 men and 13 women) were admitted as temporary patients, and only 36 (18 of each sex) were admitted as certified patients.

We have seen all the patients in residence and spoken to a great many of them, and three were given private interviews. No complaints, except on the score of detention, were made. We found the patients as a whole happy and contented and well behaved. Great attention is paid to their clothing, and we were pleased to observe the excellent quality of materials used, the attention paid to design and cut, and the care taken to ensure that underclothing is marked with the individual patient's name. We also note with pleasure the cupboard space for clothing.

The patients were well occupied in the wards, and further mention of occupation therapy will be made later in this report. The day rooms and dormitories were neat and tidy, and the day rooms and sick dormitories were bright with flowers and other decorations and well supplied with newspapers and periodicals. Wireless is supplied throughout the hospital, and there are earphones to each bed in the sick wards. Special mention must be made of the excellent table appointments, both in the dining-hall and in the wards.

We saw an excellent dinner being cooked in the kitchen, and afterwards being enjoyed by the patients. It consisted of roast pork, butter beans, potatoes, and mixed stewed fruit and custard. The diet is a most varied one, and much of the meat used is home-grown on the hospital's farm. The patients have a liberal supply of eggs, also from the farm, and the dairy herd supplied sufficient milk for the whole hospital, and we were glad to hear that butter is supplied to all patients.

We visited a kiosk in the grounds which combines the function of canteen and café, and we are sure it is much appreciated by the patients. There is a well-stocked library where parole and other patients can change their books daily. In addition, a trolley containing selected books from the library pays frequent visits to the wards, and the less well patients are thus enabled to choose their reading matter.

Upon the figures submitted to us there is a deficiency of accommodation by day for 61 male patients and 51 female patients, and a deficiency on the male side by night of 17, but there are 12 vacant beds on the female side.

The weekly maintenance charge for rate-aided patients is 26s. 10d., and for private patients from £1 10s. 7d. to 4½ guineas. The average weekly maintenance cost being 36s. 1d., which sum includes a weekly building and repairs cost of 6s. 2d.

A large number of patients on both sides enjoy parole—129 men and 58 women being at liberty to go beyond the grounds: 52 men and 147

women have parole within the grounds. Two wards on each side are open to the ward gardens, and a female villa is open to the grounds.

During the 9 months since last visit, there have been 15 deaths, which is equivalent to an annual rate of 30 per 1,000. For the year 1933 this rate was 54—quite a low one. Of the deaths, 3 were due to cardio-vascular degeneration, 3 to senile decay, 3 to cancer, 2 to general paralysis and 2 to tuberculosis. There were no fatal accidents or inquests. Ten patients (2 men and 8 women) have sustained fractures of bones, the results of falls or of the action of other patients. The hospital has been free from influenza or intestinal infections. It is the practice here to inoculate all newly-admitted patients and fresh staff against the typhoid group of diseases. We observed, too, that there is an entirely separate laundry for all infected or soiled garments, which do not, therefore, come into contact with the ordinary clothing.

At present there is only one man who is on the list of tuberculous patients.

These figures indicate the very satisfactory position of the health of the hospital, and the high standard of the care of the patients to which we have already alluded.

A large proportion of those under treatment in bed were out of doors under the spacious verandahs, and were apparently very comfortable. the well-provided electro-therapeutic department has been extended by the installation of a new infra-red apparatus, which has been constructed in the hospital.

Classes are conducted by a teacher specially employed on 4 afternoons a week for the instruction of female patients in embroidery, basket making, knitting, stool seating, leather work and other crafts. Between 20 and 30 ladies attend with nurses. We are much interested to learn that preparations are being made to open a building recently purchased for the promotion of handicrafts among male patients. Owing to the large number who enjoy parole it has been found difficult to develop such occupations systematically among them.

The present staff of nurses is 39 on the male side and 60 on the female side—4 of the former and 9 of the latter being on night duty.

Over 74 per cent. of the male nurses are certificated in mental nursing and 40 per cent. of the female nurses: in addition, 8 of the male and 4 of the female nurses are registered without being certificated, and 6 and 8 respectively have passed the preliminary examination.

Dr. Robinson is assisted by Dr. Navarra and Dr. Forrester.

#### MIDDLESBROUGH MENTAL HOSPITAL.

*November 21st, 1934.*

The numbers of patients at present resident in this hospital are 266 men and 240 women, a total of 506, of whom 2 men and 1 woman are voluntary patients. The statutory books contain also the names of 5 other patients (1 man and 4 women) who are out on long leave or trial. Money allowances were granted to 3 out of 30 such patients during 1933.

So far this year 1 temporary and 5 voluntary patients have been admitted, last year 4 voluntary patients were received out of a total of 94 admissions. We regret to find that in spite of the efforts of the medical superintendent to make the new legislative provisions more extensively known in the locality, so little use has been made of the Mental Treatment Act. In view of the fact that over 80 per cent. of the local admissions, this year, have been from the observation wards of the Borough Public Assistance Institution, it is much to be desired that some co-operation should be exercised (in their interests) by consultative visits to those observation wards by Dr. Drake-Brockman. In this way a selection could be made of the patients suitable for admission here without

certification. This measure of municipal co-ordination has been of service in several areas.

We are glad to learn that an out-patients' department was opened a year ago: weekly sessions being held at this hospital: we trust that its usefulness may be so appreciated that additional sessions may presently be arranged within the more thickly populated part of the borough.

Of the 511 patients now on the books, 9 women and 35 men (including 34 service and ex-service patients) are in the private class.

Out-county patients number 83 and are chargeable to South Shields.

The average weekly maintenance cost is 22s. 5 $\frac{3}{4}$ d., and the charge for home patients is 21s. 7d.

The night accommodation being 216 for men and 222 for women, there is an excess of 51 men and 22 women. In May of last year the excess was 50 men and 1 woman; the overcrowding of beds has now, therefore, spread to the female side of the hospital. While some of the wards, particularly male A2, are in need of redecoration, there is a good standard of cleanliness and order. It would be a source of considerable satisfaction to many patients if a piece of furniture consisting of several rows of small lockers could be added to certain wards. A useful replacement has been made in the sick wards in the form of new beds whose position is readily adjusted for certain medical and surgical needs. Day rooms have been wired for a radio installation and a very good type of portable receiver for each side of the hospital has been provided.

A canteen was opened 2 months ago and, at the moment, 69 patients are supplied with vouchers for certain sums to be spent here.

The bakery has been brought thoroughly up to date: a double draw plate gas-fired oven has been installed and a gas hot-water boiler with thermostat control has replaced the former tank: the walls have been part-tiled here and in the bread room. In the laundry the following replacements have been made, 2 washers, 2 30-gallon soap boilers, 2 hydro-extractors and 3 steeping tanks; a collar and cuff ironer has been added. In the foul laundry the old washer has been replaced, a hydro-extractor from the other laundry has been fixed and a new sterilizing machine for bins has been added.

The new ward garden mentioned in the last report, has been completed and has been in use for several months.

The clothing generally is neat and suitable, but it is desirable that some of the women's frocks be made more shapely and more like the garments worn nowadays by women, both as regards design and material.

The demonstration of physical exercises by a group of women patients which we saw this morning was one of the best examples at this hospital of the application of modern methods of treatment. These classes are under the direction of a charge-nurse who has shown good judgment in the selection of exercises and has been very successful in securing the co-operation of difficult patients. There can be no doubt that this form of re-education has already proved of real therapeutic value to these patients. We are glad to know that the medical superintendent intends organizing similar classes for the male patients.

In one of the women's wards we saw a small group being taught recreational handicrafts by two nurses and in some of the other wards there was a certain amount of knitting and needlework as well as preparation for Christmas decorations. There is obviously much scope in the hospital for the development of occupation therapy amongst both the men and the women patients. We were glad of the opportunity of discussing this subject with the medical superintendent.

The death rate during the year 1933 was 88 per thousand, which is slightly higher than the mean rate for all public mental hospitals in this country. Since the last visit there have been 53 deaths; in 28 cases only were post-mortem examinations made. The chief causes of deaths were cardio-vascular diseases 23, pneumonia 10, general paralysis 9, and

tuberculosis 5. Inquests were held on 3 deaths. In one case the verdict was that death was due to valvular disease of the heart accelerated, in a very small degree, by the accidental fracture of two ribs; the fractures were caused by the patient's own muscular movements. In the second case also death was attributed to heart disease. The verdict in the third case was "death due to epilepsy, which was the result of war wounds."

Two patients, one male and one female, have accidentally sustained fractures of bones in the arms. The portable X-ray apparatus is proving of the greatest value in the prompt diagnosis of fractures and in ensuring the best treatment of these cases.

During our visit we gave special attention to recent admissions and to the treatment of patients who are being nursed in bed and we are glad to record our appreciation of the thorough and systematic clinical examination given to each patient on admission. Good work is being done in the small pathological laboratory where examinations, chemical, histological and serological, are made of the excreta, blood and other specimens. We were glad to see so many patients being nursed on the verandahs, which are kept open throughout the year.

It is of interest to record also the complete absence of infectious diseases since the last visit.

The sanitary annexes in most of the men's blocks seem too small for the numbers of patients accommodated here. Some improvement would be effected if, where there is available space, small urinals could be installed. Such facilities would enable the staff to keep the w.c.s in these wards in a cleaner and more hygienic condition.

In conclusion, we consider the Committee of Visitors is to be congratulated on the very substantial improvements carried out in the last 18 months and on the keen and enthusiastic spirit of service of all ranks of the staff.

#### CITY OF NEWCASTLE-UPON-TYNE MENTAL HOSPITAL.

*September 18th, 1934.*

We commenced our visit to this hospital yesterday afternoon. During the course of it we have had the pleasure of meeting the Chairman and members of the Visiting Committee. Dr. MacPhail is at present on holiday, but he returned to the hospital yesterday afternoon for a few hours and we were glad of the opportunity of meeting him and of a short discussion. In his absence Dr. Gray conducted us round the hospital and furnished us with all the information we required.

There are now on the statutory books of the hospital the names of 1,046 patients, in the proportion of 587 men to 459 women. One man and 3 women are at present on trial, leaving 586 men and 456 women in residence to-day. Five of the men and one of the women are voluntary patients. Only 1 temporary patient has been received in the hospital since the Mental Treatment Act came into force. Out-county patients number 45 (15 men and 30 women), all with the exception of 1 man being chargeable to the County Borough of South Shields.

The hospital is overcrowded to the extent of 35 women by day, but according to the returns furnished to us the male side is exactly full by day, while by night there are 10 vacant beds for males and 11 for females.

During the year 1933 8 men and 6 women entered the hospital on a voluntary basis and this year up to date 7 patients of each sex have been received on the same basis. The percentage of voluntary patients in relation to the direct admissions for 1933 was approximately 8. We believe this figure to be somewhat lower than the average one for all mental hospitals and hope that future years will see an increase of considerable proportion. We hear with interest that most of these voluntary patients have come to the hospital through the out-patient clinic. As regards both temporary and voluntary patients it has been found in

other parts of the country that if active steps are taken to ensure that the persons in the district responsible for the initiation for treatment for mental illness, i.e., the general practitioners and relieving officers are aware of the provisions and possibilities of the Mental Treatment Act, greater advantage is taken of its beneficent provisions.

We were very much pleased to hear that sound film equipment is at present being installed in the recreation hall and that it is hoped to begin the production of "talkie" pictures next month. The hall's acoustic properties were somewhat unsatisfactory for the purpose and a good deal of insulation has been found necessary. Other important improvements completed since the last visit comprise the installation of an electric hydro-extractor, an electric washer and a calender in the laundry, and the conversion of quarters formerly occupied as staff bedrooms into sleeping quarters for male patients not requiring observation by night. Further machinery is in progress of being installed in the women's kitchen and in the laundry.

We found the wards, galleries and dormitories generally in good order, some redecoration is required, particularly in female ward 7. There appeared to be a good supply of suitable books, but no provision, except in South Villa, of weekly periodicals. Experience elsewhere leads us to believe that patients derive considerable enjoyment from these periodicals and we venture to urge some provision of this nature. We were struck by the bright show of flowers in many of the male ward gardens; on the women's side, however, few flowers were to be seen. Perhaps consideration might be given to the allocation of a party of men to cultivation of the women's ward gardens, a practice which has been adopted with success at other hospitals we have visited. We suggest also that the provision of coat-hanging equipment in the cloakrooms in both divisions would be of advantage.

We spoke with a number of patients of each sex and received practically no complaint save on the ground of detention. While the men were generally neatly dressed, the colouring of some of the women's dresses seemed unusually vivid. The principle which we should like to see adopted in regard to the women's clothing is that of assimilating it as nearly as possible in colour and design to that worn by members of the outside public of similar age and status.

Turning to the occupations of the patients, we observe from the usual return made to our Board that 70 per cent. of the men and 65 per cent. of the women are shown as employed, but that of these employed patients 75 per cent. of the men and 52 per cent. of the women do ward work only, the result being that the great majority of the population of the hospital are without occupation for the greater part of the day. Experience elsewhere has shown that occupational treatment is of great therapeutic benefit and is also capable of producing much improvement in the general atmosphere of a mental hospital. We noted that a start had been made with rug and mat making in one or two of the wards, but should like to see a great expansion of this form of treatment throughout the hospital, including the utility shops. In this connection we would urge the desirability of a visit by the medical superintendent to a mental hospital, known to him and not far distant, where occupational treatment is applied with considerable success. We understand that the isolation hospital has not been used for its original purpose for a very long time and after visiting it to-day are of the opinion that it could suitably be used for occupational purposes.

The death rate for men is well below the average, being 58, compared with 72 per 1,000 patients resident for all public mental hospitals, but the death-rate for women, 75, is slightly above the average. The number of deaths since the last visit 19 months ago is 115 (59 men and 56 women), and the percentage subsequently examined 39.1. Senile decay and arterial

sclerosis each account for 19 deaths, heart disease for 16, organic brain disease for 18, general paralysis for 12 and epilepsy for 11.

Two women died of tuberculosis and 1 man from enteric fever. One man died of peritonitis following intestinal obstruction.

No death has necessitated the holding of an inquest. Accidents involving fractures have occurred to 1 man and 8 women.

With the exception of 3 cases of influenza, 1 case of enteric fever on the women's side, in October, 1933, in F4, and the case of the latter disease in a man above-mentioned, 2 cases of severe diarrhoea in August, 1933, in ward M5, 5 cases of erysipelas (4 women), there has been no outbreak of the acute infections. One fresh case of pulmonary tuberculosis has occurred on the male side, making a total of 3 under treatment on that side ; 1 woman is under treatment for this disease.

To-day the number of patients confined to bed is 79 on the male side and 43 on the women's ; these numbers include a few boys of idiot grade, whose transfer to Shotley Bridge Colony might well be considered. There are also in bed several epileptics of impulsive and uncertain behaviour who, if a suitable scheme of occupational treatment were established, might be found some useful if rudimentary place therein. The medical and nursing care is clearly of a high standard, and we were impressed by the kindly relationship of the patients with the staff.

The out-patient clinic which is held weekly at the Royal Victoria Infirmary continues to meet with much success. During the 19 months which have elapsed since the last visit no fewer than 210 new cases have been dealt with.

Speaking to a number of patients here, we realize the need for an organized system for exploring their home and other conditions with a view to facilitating the discharge of those who can only leave the hospital if some responsible person can supervise them. A social worker is sometimes engaged to carry out this work and to assist in ascertaining the possible social factors contributing to the illness of the patient. We would commend the consideration of this valuable side of mental treatment both for the out-patient clinic and for the hospital, provided it can be arranged under medical oversight.

In cases where treatment cannot achieve complete recovery our aim is to secure the patient such care as his condition demands and, if that degree of care can be provided in the community outside the hospital it would seem only reasonable to try and procure it for suitable patients. Such an attempt, however, can only be expected to succeed if the district is first carefully investigated and well disposed and understanding persons persuaded to undertake the care of patients. Among this latter we have in mind the retired nursing staff who are already thoroughly familiar with the management of patients and can sympathize with their inadequacies.

One means of after-care already to hand is the out-patient clinic, which patients on discharge from the hospital might be recommended to attend according to their need.

The number of nurses, charge and ordinary, for day duty is 76 on the male side and 63 on the women's. Thirteen nurses of each sex are allocated to night duty. Over 76 per cent. of the male nurses and 46 per cent. of the female nurses hold the certificate in mental nursing.

Dr. MacPhail still has the assistance of Dr. C. Gray as deputy superintendent and of Drs. C. A. Muckle and G. M. Muirhead as assistant medical officers.

#### NEWPORT (MON.) MENTAL HOSPITAL.

*October 18th, 1934.*

We have to-day visited this hospital and have found it in very good order. There are in residence 194 men and 183 women, 5 of the former and 4 of the latter being voluntary patients. Three women are at present on trial. Out-county patients number 44 and include 20 of each sex from

Staffordshire. The numbers on the female side have been reduced since the last visit by the return of 20 patients to West Ham, and that division is now exactly full both by day and night, while there is a deficiency of both day and night accommodation for 8 men.

The wards in this hospital are of nice size and were to-day in excellent order, those on the female side being particularly pleasant. During the period under review all the walls of the sanitary annexes have been tiled and coat-hanging fitments installed in the cloakrooms. Inspection of some of the ward stock lists satisfied us that the wards were well equipped and that the arrangements in respect of patients' clothing, bathing and bedding were satisfactory.

Since the commencement of this year 5 men and 4 women have been admitted as voluntary patients, this number representing approximately 15.5 per cent. of the direct admissions for the period (58). No temporary patient has as yet been admitted to this hospital. While the above-mentioned percentage for voluntary patients is, we believe, about average in comparison with that for all mental hospitals we think it is still capable of improvement. In connection, therefore, with both potential voluntary and temporary patients we should like to hear that steps were being taken to ensure that the relieving officers of the area were fully conversant with the provisions and practice of the Mental Treatment Act and that each case with which they are called upon to deal is considered from that point of view and that the requisite forms are available.

We found the patients generally contented; the only complaint we received being from a few Staffordshire patients who desired to be returned to their own county. The patients in each division were neatly dressed and shod. Arrangements for indoor recreations appeared satisfactory. Wireless is connected to all the wards and there was a sufficient supply of papers, indoor games and periodicals. Visiting the library we found a good supply of books. In general the ward bookshelves, which are kept unlocked, were well stocked, though in the convalescent ward on the female side the supply was poor.

Two important additions have been made in connection with the amenities of the hospital since the last visit. A canteen has been started which is open for an hour in the morning and afternoon. Had it been possible we should have preferred to see this innovation installed elsewhere than in the stores. The second innovation is the installation of sound film apparatus, which provides a fortnightly entertainment for the patients. Dances are held in alternate weeks.

We inquired into the occupations of the patients. Handicraft classes are now held in both divisions under the guidance of an occupation officer. On the average 29 women and 14 men attend these classes. No attempt is at present being made to train the nursing staff in occupational treatment. We have discussed this question with Dr. Mackay and hope very much that he will be able to arrange for the gradual training of the staff. We should also like to see measures taken to occupy the more deteriorated patients; from what we have seen elsewhere we are convinced that this can be done and that much noisiness and other overgrowths can thereby be prevented. Combined with and by way of variation of occupational treatment we would suggest the inauguration of physical exercises for some of the not inconsiderable number of younger patients whom we saw who we think might also be provided with facilities for active outdoor games, such as cricket and football. We realize, of course, that actual team matches may be found impossible owing to the smallness of the population, but consider, nevertheless, that much enjoyment might be derived by the younger patients from such games.

We inquired into the question of after-care and were interested to hear that a well-trained nurse has been detailed part-time for social work of this nature. Another item in this connection is the use of a bequest

of £3,000 to the hospital by the late Dr. Nelis, the interest of which is employed to relieve necessitous cases amongst patients after discharge.

The health of the hospital has been and is very good. The mortality rate for 1933 was 6.3 per cent. and the number of deaths since the last visit 25, 10 of these deaths being due to heart disease. Post-mortem examinations were made in 64 per cent. of all deaths. No inquest was held and only one accident of more than trivial nature occurred, a patient getting her fingers crushed in a laundry calender. The guard, which was insufficiently low, has been increased in depth and thus made safe below, but we recommend that full protection should be ensured by installing a wire grating above the guard.

There has been no infectious or zymotic disease and at present there are but 3 cases of tuberculosis under treatment. We regard the excellent general health as a tribute to good nursing and medical care and also to the ample light and ventilation which this hospital provides. We were very pleased with the attendance which the patients received and with the female nursing staff in particular. They were smart in dress and carriage. In addition they appeared to us to be in sympathetic touch with the patients. We would very much like to see female nurses in one or more of the wards on the male side. There are many male patients who would appreciate the many little attractions which they would introduce into such wards and into the daily life of their occupants. We appreciate the difficulty which exists in introducing a change of this nature, but if the object is kept clearly in view this difficulty should eventually be disposed of.

Our visit has been an interesting one and we have been well pleased with the general administration of the hospital.

Dr. Mackay still has the assistance of Dr. G. M. King.

#### CITY OF NORWICH MENTAL HOSPITAL.

*March 6th, 1934.*

We have to-day paid the annual visit on behalf of our Board to this institution, and accompanied by Dr. Rice and his medical colleagues, Dr. C. R. F. Hall and Dr. L. G. M. Page, visited all the wards, domestic and other departments, and to the best of our belief seen all the patients in residence, and given them an opportunity of speaking to us, and stating any grievance or complaint.

From statistics furnished to us we learn that during last year, 1933, there were admitted 206 patients—110 men and 96 women. Of these 5 men and 21 women were on a voluntary footing. There was no temporary patient admitted during last year. Since the commencement of this year 13 men and 10 women have been admitted, 1 of each sex as a voluntary patient, and 1 woman as a temporary patient.

There are now on the statutory books the names of 697 patients—317 males and 380 females. Nine men and 12 women are on a voluntary basis, and 1 woman as a temporary patient. Private patients number 44—38 men and 6 women, 33 of the former being service patients. There are 86 men and 90 women received under contract from Great Yarmouth and King's Lynn.

One man and 2 women are out on trial and 1 man is boarded out under the provisions of section 57 of the Lunacy Act, 1890.

The weekly maintenance charge for the city patients is 24s. and for those of the private class 31s. 6d., 35s. and 42s.; and for the service patients 27s. 9d. The average weekly maintenance cost as last ascertained was 23s. 2d.

The accommodation has been increased since the last visit by the opening of the South Villa, with 40 beds for males, and the total accommodation now is for 239 men and 377 women by day, and 259 men and 376 women by night. There are in residence to-day 315 men and 378 women, so that there is considerable overcrowding on the male side,

which was especially noticeable in the sick ward of No. 2. There is an excess of 78 men by day and 58 by night, whilst the female side is just over-full by 4 patients by night.

We found the patients on both sides very contented and well behaved, and the appeals for discharge were very few. We were glad to notice that the dress of the women was being modernized and of a more pleasing design, and special dresses made for individuals.

We saw a good number of women employed in the laundry, kitchen and work-rooms, and some 70 men are employed on the farm and gardens. We understand that occupation therapy generally will be developed as opportunity arises.

This afternoon we saw a class of men engaged in physical drill, which was very creditably carried out. We understand that some of the women have physical exercises, and hope that it will be extended among them.

Parole beyond the estate is granted to 16 men and 4 women, and within the grounds 58 men and 54 women have that privilege. Only one ward, the new South Villa for men, is administered upon the open-door principle.

The day rooms and galleries were tidy and well kept, and there was a good supply of papers, periodicals and books. There is, however, no organized method of circulation of the books, and there is a need for the appointment of a librarian, and the formation of a central library.

Since the last visit a cinema with talking films has been fitted up in the hall.

Alterations are still in progress to the stores and administrative block. A cold store has been provided.

We visited Drayton Old Lodge, which has been acquired with about 90 acres of land. It has been converted into a nurses' home, and gives very good accommodation at present for 21 members of the nursing staff, and 3 domestics. It is proposed to carry out extensions to this home in the future.

The present staff of nurses is as follows :—

	Male.	Female.	Total.
Charge ... ..	4	6	10
Ordinary ... ..	35	42	77
Night ... ..	3	5	8
<i>Of the above:</i>			
Certificated or Registered ... ..	24	21	45
Passed preliminary examination only ... ..	7	7	14

The mortality rate for 1933 was 6 per cent. for both sexes, which is below the average rate for all mental hospitals.

Since the last visit 13 male and 20 female patients have died, and the causes of death were verified in 25 instances by autopsy—no bedsores were present in any case.

The causes of death do not present any notable features unless it be that 3 male and 11 female patients died from old age.

No inquests were held during the period under review.

Three men and 1 woman are returned to us as having met with non-fatal accidents, which do not reflect in any way on the staff; one of them, a man, attempted suicide with a shoemaker's knife, and is now on a caution card.

From January 12th to 28th there were 13 cases of acute diarrhoea amongst the women, and 6 men have also been afflicted between January 17th and March 5th. No case has yet shown any dysentery organisms. One woman and 1 man died—the woman from pneumonia and the man from valvular disease of the heart. The underlying cause is considered to be intestinal influenza, cases of which have appeared in the district, but precautions are being taken with all those who have been afflicted as though they had been dysenteric.

In the absence of any separate arrangements for the sick we consider

that the accommodation is the best that can be provided, and we feel sure that the expressions of gratitude volunteered by many of the patients are well merited.

Our inquiries into the method of dealing with fouled and infected laundry lead us to believe that the process needs overhauling; we have discussed this with Dr. Rice and feel sure he will give the matter his attention. We suggested that examination of the water from final rinsings would give an indication of efficiency.

In conclusion we are glad to say that we are quite satisfied with the result of our visit, and of the general state of affairs prevailing here.

CITY OF NOTTINGHAM MENTAL HOSPITAL.

*October 20th, 1934.*

We have to-day visited this hospital and have, we believe, seen all the patients who are now in residence here.

We found the patients for the most part quiet and orderly, free from complaints and apparently happy and contented.

Much is done for the entertainment of the patients here and this afternoon there was a league football match in progress in which the male patients were taking the greatest interest.

We inquired carefully into certain matters about which patients complained but found that there was little substance in them. One patient made an unusual complaint that they were not supplied with chips with their fried fish. One of us recently saw chips being prepared at a mental hospital and was struck by the simplicity of so doing, the chips being bought ready fried in large cardboard boxes which are put into the oven to be heated up and then turned out of the boxes. The matter is, we think worthy of mention here.

The day rooms were well kept and comfortable and the book-shelves well lined, but we were told in one ward that the books are only changed once in 4 months. We noticed that the fireplaces were all carefully painted with aluminium paint, which indicated to us that they are seldom used. On inquiry we found that they are practically never used. A fire is a cheerful thing in a room and we venture to plead for a fire in the winter time, at least, in the ward where old ladies of a quiet type are warded. We were glad to see many cages of birds and were much interested in the work of the Weaver birds.

We were shown the underclothes which are now being supplied to patients and they appeared to be of a modern pattern. We also saw some very nice towelling and material for curtains which had been woven by the female patients.

In many of the wards we saw a number of female patients of the more demented type sand-papering bits of furniture before being sent to the occupation centre to be again french-polished.

In the mortuary we discussed the possibility of making arrangements for friends to view the bodies of patients who have died, in surroundings a little less cold and grim than at present. We are convinced that such arrangements might be made at little cost, which though far from ideal would be very preferable to the present state of things.

Outside the mortuary is an extensive rock garden, the work mainly of one male patient.

We saw being served and tasted an excellent dinner consisting of stew and stewed apples and custard. Such of the patients as dine in the hall have their meal to the accompaniment of music on an excellent wireless apparatus.

In both kitchens we saw bread-cutting machines which we did not think were very safe and as the matter is one which has lately been brought to the notice of our Board owing to an accident we explained to Dr. McMillan a form of simple protection which we have seen this week fitted to a similar machine.

During the year 1933 there were 193 admissions, including 26 voluntary and 3 temporary admissions. To-day there are on the statutory books the names of 456 men and 556 women, a total of 1,012, of which 35 are voluntary patients. There are at present no temporary patients. We should add that 40 females who are boarded out under section 26 of the Lunacy Act are included in the above number of 1,012.

The weekly charge for home patients is 23s. 11d. and for private patients 28s., the average weekly maintenance cost as last ascertained being 22s. 6·88d.

The nursing staff is as follows :—

							Male.	Female.	Total.
Charge ...	...	...	...	...	...	...	10	11	21
Ordinary ...	...	...	...	...	...	...	51	51	102
Night ...	...	...	...	...	...	...	8	12	20

Fifty-four men and 43 women are certificated or registered as mental nurses and 7 and 15 respectively have passed the preliminary examination.

Some new equipment has been added to the kitchen and laundry and a fine new wireless installation has been added in the two halls. The works now in progress include the admission hospital and convalescent villas, which are well on towards completion.

The mortality rate for the year 1933 was 7.5 per cent. Since the last visit 63 patients have died, 29 males and 34 females. Post-mortem examinations were held in nearly 78 per cent of the cases. The chief causes of death have been pneumonia 15, tuberculosis 11 and general paralysis 9. No inquests have been held.

There have been 5 cases of injuries of a more or less serious nature. One male patient sustained a fractured arm, which was afterwards found to have been a spontaneous fracture due to cancerous changes in the humerus secondary to a pulmonary neoplasm. The remaining 4 cases were due to accidental falls.

An epidemic of influenza occurred in June and July. Eighty-two patients and 6 members of the staff were attacked. The hospital has been quite free from dysentery. One member of the female staff had enteric fever in April. The source of infection was from outside the hospital.

Thirteen patients are said to be suffering from tuberculosis at the present time. All of them are under treatment in the infirmary wards and the majority of them were in bed on the verandahs to-day. Efficient steps are taken in both wards to prevent the spread of infection.

We were interested in the various forms of medical treatment which are being given both for mental and physical diseases; it appears that a trial is given to almost any form of treatment that has been well reported on elsewhere. In association with medical treatment we believe there is a high standard of nursing in this hospital. In the female admission ward, however, to-day, we found that much of the benefit that patients should derive from medical and nursing care was lost owing to the presence of a very noisy patient in a side-room at the end of the ward. One voluntary patient admitted only yesterday complained bitterly of the noise. In other respects she was most satisfied with her treatment. We feel most strongly that a patient persuaded to come in on a voluntary basis should not be submitted to such distressing experience.

Occupation therapy is developing on both sides of the hospital. We visited the male occupation centre in the afternoon, when the patients were watching a football match, but we saw many excellent articles that have been turned out there. Some of the rooms are small and rather gloomy. We think redecoration in a brighter colour would be more appropriate in what must be regarded a centre for the treatment of mental disease. It was not only in the occupation centre, however, that we saw welcome evidence of occupational activities but in the grounds, where a large

number of the more difficult and demented patients are employed in making terraces and a bowling green. We were informed that 303 male patients are more or less constantly employed throughout the hospital and grounds.

We were very sorry to miss Dr. Brunton, who was away, but in his absence Dr. Macmillan gave us every possible assistance and our visit was a very satisfactory one.

#### PLYMOUTH MENTAL HOSPITAL.

*April 16th, 1934.*

We have to-day paid a most interesting visit to this hospital and we have observed with pleasure the progressive lines upon which it is administered.

The excellent admission hospital is rapidly approaching completion and we paid a long visit to it. It is well planned and contains a well-equipped treatment centre as well as accommodation for 25 patients on each side.

Since last visit the remodelling of the lavatory accommodation throughout the main hospital has been completed—the new canteen on the female side is very nearly finished and when opened will, we are sure, be much appreciated by the patients.

We have been much struck in our tour of the wards by the quiet and orderly demeanour of nearly all patients. Complaints were few and were in each case due to the mental condition of the patients voicing them. This orderliness in the wards speaks well for the standard of nursing and we consider that the patients here enjoy most skilful and kindly medical and nursing care.

Occupation therapy has made strides during the past year and there has been a distinct advance in the numbers occupied on both sides. We were glad to hear from Dr. Poynder how beneficial this treatment had proved and we hope that it will not be long before a new occupation centre is available for the male patients. The present one is badly situated and is so small that it hampers the spread of the work. We were interested to learn that a nurse on each side had had a course of training in handicrafts at Starcross and we hope that the nurses generally will become interested in the work and foster it in their wards.

The wards were in an excellent state, both with regard to comfort and repair and were well decorated with flowers and plants. Numerous games are provided and there is plenty of reading material.

We would like to see better arrangements for the storing of patients' outdoor clothing. Long rods with coat hangers attached would be of great utility in the cloakrooms.

Patients are encouraged to take pride in their appearance and are encouraged to wear their own clothing where possible. We were glad to hear that the difficulties in the way of allowing patients to wear their own underclothing have also been overcome. It is a small point but an important one in preserving the patient's self-respect.

We saw a good dinner being served and eaten to-day. It consisted of cold roast beef and bacon and scollops with potatoes and beetroot as vegetables and suet pudding to follow. Since last visit a three-weekly diet has been introduced and we are sure it will be of benefit to the patients.

The number of patients is 554—227 men and 327 women. Except for 5 male and 6 female voluntary patients all are detained under certificate. At present 2 of each sex are out on leave or on trial, giving a total in the statutory books of 558. Forty-nine men, 36 of whom are service or ex-service patients, and 25 women are here as private patients.

The hospital is still overcrowded, but when the admission hospital is opened some relief will be given. At present the overcrowding of day space amounts to 29 men and 90 women, while by night the space is just adequate.

Thirty-six men and 25 women enjoy full parole and 50 women parole within the grounds. One ward on each side is open to the ward garden.

The weekly maintenance rate for rate-aided patients is 25s. 4½d., and for private patients 30s. to 63s. The average weekly maintenance cost is 25s.

The staff of nurses is as follows :—

							Male.	Female.	Total.
Charge ...	...	...	...	...	...	...	6	7	13
Ordinary	—	...	...	...	...	...	30	37	67
Night ...	...	...	...	...	...	...	7	8	15

Twenty-five men and 18 women are certificated or registered as mental nurses. Twelve men and 16 women have passed the preliminary examination.

The general health of the patients since last visit has been very good. We were pleased to note that there had been no cases of any epidemic or zymotic diseases.

At our visit there were 7 cases under treatment for pulmonary tuberculosis and 1 with a tubercular abscess, a small number when the area from which the patients come is considered.

The mortality rate for the year ending December 31st, 1933, was 8.4 per cent., which is slightly higher than that of the average for all mental hospitals in England and Wales of 7.2 per cent.

Since last visit there have been 34 deaths. The principal causes of death were: heart disease 7, tuberculosis 6, senile decay 5, all of whom were over 80 years of age, none of the other cases require special notice.

It was interesting to note that there was no death from malignant disease.

In 38 per cent. of the deaths a post-mortem examination was held.

One inquest was held on a female patient and the verdict was death from natural causes.

There have been 3 serious but non-fatal accidents, all of an accidental character. All were fractures of the thigh.

The clinic continues to do valuable work in the early treatment of mental disorders, and its work is helped considerably by the visits paid to the homes of the patients by the after-care visitor.

CITY OF PORTSMOUTH MENTAL HOSPITAL.

October 23rd, 1934.

We have to-day and yesterday visited this hospital on behalf of our Board and we are glad to record that our visit has been of much interest and that we have been favourably impressed by what we have seen of the care and treatment enjoyed by the patients.

The number of patients in residence to-day is 1,200 and we believe we have seen all of them and given all who wished to do so an opportunity of speaking to us. Three patients were given private interviews. The 1,200 patients are divided into the following categories :—

							Male.	Female.	Total.
Voluntary	.....	...	...	...	...	...	64	77	141
Temporary	...	...	...	...	...	...	1	12	13
Certified	...	...	...	...	...	...	435	611	1,046
Total							500	700	1,200

One hundred and sixteen men and 120 women are classed as private patients, 66 of the men being in the service or ex-service class. One man and 3 women are at present out on long leave or on trial, the total in the statutory books is therefore 1,204.

We are very pleased to observe how well the Mental Treatment Act (1930) is working in the City of Portsmouth. This has been particularly noticeable since the beginning of 1934. On January 1st the services dealing with mental disorders were co-ordinated and the result has been extremely beneficial.

The figures before us show that during 1933, 142 patients were admitted on a voluntary footing and 6 patients were admitted on a temporary basis. Since January 1st, 1934, there have been admitted 213 voluntary and 26 temporary patients. The certified patients admitted in 1933 numbered 172, but since the beginning of 1934 there have been only 63 certified admissions. These figures are most encouraging and are the result, in our opinion, of the ever-increasing work of the out-patient clinic, the collaboration of the staff of this hospital with that of St. Mary's Public Assistance Hospital which has made possible daily visits to the mental wards of St. Mary's by the doctors of this hospital, and the excellent work done by the social workers who investigate the home conditions and histories of patients attending the clinic as well as of those under treatment here and at St. Mary's.

Overcrowding is to-day much more accentuated than at the last visit of our colleagues. There is a deficiency of accommodation by day for 71 males and 95 females and by night of 65 males and 77 females. In our tour of the hospital we have been struck by the crowded appearance of the dormitories and verandahs. We must take this opportunity of stressing to the Committee the urgent need of providing further accommodation. We would also draw to their attention the possibility of utilizing the provisions of section 57 of the Lunacy Act, 1890. The weekly maintenance charge for rate-aided patients is £1 3s. 11d., and for private patients from £1 3s. 11d. to £5 5s. The average weekly maintenance cost is £1 4s. 2d. Thirty men and 5 women are allowed parole beyond the state and 83 men and 6 women parole within the grounds. We hope it will be found possible to extend these privileges somewhat on the female side, although we appreciate the difficulties of the problem.

We found the patients well behaved and contented and we noted the excellent atmosphere of co-operation which appears to exist between staff and patients. The wards are well arranged and tastefully decorated with plants and flowers. The patients dine in the wards at small tables which is an excellent arrangement—but we noticed that except in the private wards there were few comfortable chairs and we would like to see the number increased. There is a plentiful supply of newspapers and periodicals and we were pleased to find so many of the patients looking at these or reading books from the library.

Two wards on each side of the main block are being reconstructed and advantage is being taken of this to provide up-to-date sculleries and bathrooms and to increase largely the number of cupboards in these wards. Elsewhere in the main block a great deal of redecoration and repair is now needed and it is to be hoped that the work will be pressed on. We thought that there was a need in the cloakrooms in all wards and villas for provisions for storing out-door clothes and we would suggest the provision of fixed rails with coat hangers.

Since last visit a new building has been erected to house the mortuary. It consists, in addition to the mortuary itself, of a post-mortem room and small chapel. The whole is an admirable unit.

Excavations have been commenced for the new boiler house, and when this building has been completed we understand the much-needed reconstruction and reconditioning of the laundry is to be taken in hand. During our round of the wards we saw a certain number of patients engaged upon various kinds of embroidery, knitting and raffia work, but a great many were quite unoccupied. We feel there is room here for the introduction of certain forms of occupation which may presently be found to have a bene-

ficial effect upon those patients who are at present under treatment for restlessness.

The nursing staff numbers 255, of whom 37 are on night duty. Seventy-seven of the male nurses and 54 of the female nurses are certificated or registered as mental nurses and 17 men and 21 women have passed the preliminary examination.

The death rate during 1933 was 93 per 1,000 patients resident, compared with an average of 72 for all mental hospitals. On the women's side it was 99 compared with the average of 69.

The total number of deaths since last visit in February, 1933, is 160, the cause of which was subsequently confirmed by post-mortem examination in 37 per cent. of cases. Cardio-vascular disease was the cause in 9 men and 32 women, pneumonia in 14 men and 24 women, malignant disease in 2 men and 10 women, general paralysis in 10 men and 4 women, tuberculosis in 12 men and 6 women. Discussing these last cases individually with Dr. Beaton and Dr. Grimbly we find that it is likely that half of them suffered from some form of tuberculosis prior to admission. We cannot, however, be unmindful of the overcrowded state of the hospital as a contributory factor in this disease. Two men and 5 women are at present under treatment for tuberculosis. Inquests were held in the deaths of 1 man and 3 women, verdicts being returned of suicide in 2 cases and of accidental death in the remaining 2.

Accidents involving fractures have occurred to 2 men and 12 women. The hospital has been free of other infections than the above, except for 2 mild cases of enteric fever, 1 of which occurred in ward F5 in November last and the other in F8 in May of this year. Contacts were examined and a carrier detected in F6. All patients associated from these wards in the gardens have since been inoculated with a vaccine against this infection.

The dietary is arranged on a four-weekly scheme for each of the three meals, ensuring a daily variation for the entire period. It would materially facilitate the cleansing of the milk vessels at the farm if steam were provided; the existing dairy space is very cramped.

The use of a specially marked trolley is desirable for conveying the partially-washed foul linen from the detached wash-house to the main laundry; two narrow driving belts over hydro-extractors would be safer if the guard were extended upwards.

It would be well to test the efficiency of the foul linen tanks by a bacterial examination.

#### SUNDERLAND MENTAL HOSPITAL.

*November 20th, 1934.*

Yesterday and to-day we paid the annual visit on behalf of the Board of Control to this hospital. The feature that impressed us most was that such a good standard of efficiency is being maintained in all the essential activities of the hospital in spite of very serious difficulties. We venture to state that very few mental hospitals in this country with so many handicaps to overcome achieve such good results.

The outstanding handicap is that of overcrowding. The day accommodation is estimated to be 396, and that at night to be 404. To-day there are 595 names on the statutory books and 561 patients are in residence. Therefore there is overcrowding to the extent of 40 per cent. If the figures for the females only are considered the overcrowding is almost 60 per cent. The conversion of the ill-ventilated chapel into a dormitory, the close packing of the beds in every dormitory and the double row of beds in the verandahs designed for a single row, the use of corridors—some parts of which are very dark—for serving the patients' meals, the conversion of a cellar into an occupation centre for the male patients—these and many other features are indications of the inconvenience and discomfort

which the patients have to suffer in consequence of the overcrowding. These facts are mentioned again in this year's report in order to emphasize the urgent need of proceeding with the scheme for the extension of this hospital.

It is not only the need for more accommodation in the wards and dormitories that makes it necessary to press forward with the scheme now under consideration. We noticed when visiting the wards in the evening that the artificial lighting of many of the wards, dormitories and corridors was most inadequate. Also comparatively few of the single rooms occupied by patients have any light at night. Moreover, there are many dormitories to which the central heating has not yet been extended. We understand that no improvement in the lighting and heating can be effected with the present central plant. The extension of this plant forms a part of the proposed scheme.

During the last year two valuable additions have been made to the buildings. One is a residence for the deputy medical Superintendent, and the other is a house which accommodates 8 nurses who do night duty. Both houses are situated near the main entrance to the hospital grounds, and previously were private dwelling-houses. Certain additions such as new piggeries, a large implement shed, and new stock byres have been made at the new farm. We wish to suggest that some arrangement should be made for collecting and pumping the valuable liquid manure which is now running to waste.

Admissions during the year 1933 numbered 146, and no fewer than 49 of these were voluntary and 2 were temporary patients. The numbers for the current year are more encouraging still. Of the 140 admissions up to date, no fewer than 65 have been voluntary patients. Such a good proportion of this class of patient speaks highly of the work done at the out-patient clinics by the Medical Superintendent and his colleague. The figures are all the more significant when it is remembered that this hospital has but few of the facilities of modern admission blocks which attract voluntary patients.

We were agreeably surprised to learn that as many as three sessions a week are held to cope with the number of patients attending the out-patient clinics. The total number of attendances during the year 1933 was 1,008, and no fewer than 132 patients attended for the first time. The activities at these clinics and the additional responsibility involved by the reception of so many voluntary patients at the hospital must place a great strain upon the Medical Superintendent and his colleague. We feel the time has now come for the consideration of the appointment of an assistant medical officer.

Occupation therapy has recently made a distinct advance in this hospital. On the male side the following handicrafts have been established: the making of brushes, coir mats and rugs of several kinds, wire-netting and bedstead repairs. Some 30 patients who were previously unemployed have passed through this occupation class. One of the male nurses is in charge of this class, and another usually assists with the instruction of the patients. This admirable start was made after a short visit to the North Riding Mental Hospital by three of the Ryhope staff. The hospital library contains several volumes on handicrafts which are read by patients.

On the women's side there are two groups of patients for occupational re-education, one consisting of recently admitted patients and the other of those longer resident. These groups occupy the special room in turn and alternate also between the more active and the more sedentary kinds of employment. There is much variety of handicrafts, and both men and women operate weaving looms and carry out all the processes with the exception of dyeing and of converting raw wool into cloth. Instruction in this craft is given by a visiting teacher. Two of the sisters supervise this occupational treatment, which is prescribed in detail for individual

patients by the medical staff, who keep careful records of the patient's progress.

Another form of re-education is physical training, in which about 100 of the women patients and a smaller number of men engage for short periods each day. An expert on this subject attends to instruct the staff.

The recreational needs of the patients are well catered for. Our visit to several of the men's wards was made yesterday evening, when we saw many patients entertaining themselves with cards and other games as well as billiards, and in one ward with the less quiet patients some were playing ping-pong.

The extent of the diminution of the death rate is a notable feature. For the year 1933 it was as low as 37 per 1,000 residents, compared with the mean rate of 72 for all public mental hospitals in England and Wales. This low figure reflects credit upon the care and treatment of the patients at this hospital.

The number of deaths since the last visit is 39, over 74 per cent. of which were subject to post-mortem examination. An inquest was held on the death of a voluntary patient by suicide. Eleven deaths were due to senile decay, 6 to general paralysis and 6 to tuberculosis. There were 2 cases of dysentery in male ward 5 last March, and 1 of these patients died. A single case of enteric fever arose in female ward 2 in April, which also terminated fatally. Eight cases of erysipelas equally divided between the sexes have occurred between January and October. At present 1 man and 3 women are under treatment for pulmonary tuberculosis. Scarlet fever attacked 1 patient and 1 nurse last August.

Accidental fractures have occurred in the cases of 2 men and 4 women ; only 1 of these involved the lower limb.

We paid special attention during this visit to the question of ward hygiene, where cases of intestinal infection had arisen during the last few years, and discussed with the medical staff various points arising in these wards and in the foul laundry.

In conclusion we should like to say that our visit has been one of exceptional interest.

#### SWANSEA MENTAL HOSPITAL.

*July 10th, 1934.*

The history of this hospital is short, but at our visit to-day we were well pleased with the progress made in its administration. We were very favourably impressed with the general atmosphere of the hospital, which was reflected in the sympathetic attitude of the medical and nursing staff towards their patients and the feeling of confidence which has obviously been established in the latter thereby.

Since the visit by two of our colleagues last December some old cottages have been converted into stables and a greenhouse has been erected. A useful addition just completed is the conversion of the contractor's clerk of works office into a canteen for patients, which will open very shortly. Work now in progress includes the construction of a coal store, the erection of a garage and the equipment of the male and female occupation therapy department.

There are now on the statutory books the names of 579 patients, but 1 woman is at present out on trial, leaving in residence 311 men and 267 women, a total of 578. There are 35 private patients, of whom 11 are women and 20 service or ex-service patients. The male side appears to be overcrowded to the extent of 11 patients both by day and night ; there are vacancies for 32 women.

It was of great interest to us to note the extent to which the provisions of the Mental Treatment Act are being taken advantage of at this hospital. Since January 1st, 1934, no less than 68 per cent. of the total direct admissions have entered the hospital as voluntary patients and 11.2 per cent.

as temporary patients. We were glad to hear that approximately 75 per cent. of the patients admitted came direct from their homes and that use is not infrequently made of section 17 of the Mental Treatment Act, which enables the making of urgency orders in the case of rate-aided persons. We need hardly say that we regard the position at this hospital in the foregoing respects as worthy of every commendation and as a fitting response to the efforts to achieve it made by Dr. Skottowe and his staff.

A large measure of parole is allowed to patients and we were interested to find that the numbers to whom it was accorded varied little as between the sexes. Thus 19 men and 18 women may walk out unattended beyond the estate, whilst 72 men and 74 women have parole within the grounds. In addition the doors leading to the gardens of all the wards continue to be left unlocked by day, and 2 wards on each side (including the convalescent villas for each sex) are open to the grounds. This freedom from restriction and the efforts made to induce all types of patients to engage in useful occupations are no doubt in great measure responsible for the excellent tone and orderly conduct which we found prevalent throughout the hospital.

All the wards, without exception, are comfortable and well furnished. Visiting one of the female wards about tea-time we were pleased to find the patients seated at small tables, each with its own teapot. The clothing of the patients was generally satisfactory, but we thought that that of the women might be improved if irons were allowed in some of the wards. Some of the men's slippers appeared to be rather down-at-heel.

Owing to the drought and the somewhat exposed position of the hospital some difficulty is being experienced in the making of the ward and other gardens. Efforts are, however, being made to deal with this problem and a considerable number of patients are employed in the gardens generally. Notwithstanding these efforts we observed that considerable portions of the grounds were getting overgrown with weeds. As the amount of patients' labour available is apparently insufficient to deal with the situation in this respect we venture to suggest the purchase of a small mechanical tiller which could, we believe, be purchased at no great cost and would, we are sure, be found of great assistance in keeping the overgrowth of weeds at bay by turning the ground over.

Visiting the kitchen we found it in excellent order. The patients' diet appeared to be ample, of good quality, and well varied. Cold meats and puddings are served in lieu of hot meat dishes, etc., in the summer months and each patient receives either an apple or an orange twice weekly. In the laundry the ventilation would be improved if the roof lights were made to open.

Much attention is being paid to occupational treatment at this hospital and Dr. Skottowe has recently devised a system whereby it is hoped to be able to keep a check upon the progress of the patient and the suitability of the selected occupation to his needs. The institution of this system, together with the equipment of the occupation therapy department now in progress leads us to anticipate a further advance in this form of treatment here.

The out-patient clinic, which is conducted weekly at Swansea General Hospital by Dr. Skottowe and Dr. Moulson, continues to meet with success. New cases seen in 1933 numbered 85, of whom 20 were subsequently admitted to the hospital, and 54 old cases (i.e., two or more visits) were dealt with. Twenty-eight patients who had left the hospital attended for follow-up treatment.

During our tour of the wards we found 29 nurses on duty on the male side (10 of whom were women) and 28 in the female division. The proportion of patients to a nurse was approximately 1 to 10 in the case of the men and 1 to 9½ for the women. One of us paid a visit to the sleeping quarters of the patients at night and was well satisfied with the arrangements made. There was an entire absence of noise and the doors of all single rooms were unlocked. Inquiries into the number of patients on sedative disclosed

the fact that this had only been found necessary at the time of the visit in 2 cases. In connection with the nursing arrangements it is pleasing to record that no patient was secluded during the period under review.

We paid particular attention during our visit to the methods used in the care and nursing of sick and infirm patients. While we are satisfied that these patients are given every medical and nursing attention, it is evident that, owing to the disproportion in types of patients admitted to the hospital, the buildings as arranged do not entirely provide the facilities required for this work. It is found necessary to nurse cases of dysentery in a ward where the sanitary arrangements are arranged mainly for ambulant healthy patients, and we would suggest that some minor modifications resulting in the provision of the hospital type of sluice would lessen the risk of infection to other patients. In this ward, too, we noted the lack of facility for open-air treatment for patients confined to bed.

We learned from Dr. Skottowe that the formalin disinfecting chamber is a great success in dealing with articles of clothing and bedding in bulk, and especially in rendering sterile goods that may be damaged or destroyed by heat treatment.

The number of patients who have died since the last visit of our colleagues is 35—18 men and 17 women. In 29 cases a post-mortem examination was carried out. The main causes of death have been: pneumonia 15, heart disease 8, general paralysis 3. There have been very few cases of infectious diseases.

During March and June of this year 3 patients—2 men and 1 woman—suffered from dysentery, 2 of whom were still being nursed at the time of our visit. There has been one case of pellagra and, so far as it has been possible to ascertain the cause, it is determined that this is due to dietary factors occurring before the patient's admission to hospital.

The serious casualties recorded are two, both being the result of accidental falls. In one case a patient sustained a fracture of the left leg and in the other a woman broke her left wrist through slipping and falling down in a ward corridor.

Dr. Skottowe has the assistance of Dr. Norman Moulson as deputy superintendent, and of Dr. Madeline Lockwood, Dr. H. J. Griffiths and Dr. H. A. Shatz as medical officers, the latter acts as house physician.

#### WEST HAM MENTAL HOSPITAL.

*November 9th, 1934.*

During our visit to this hospital extending over two days we were impressed by the changes taking place following on the provision of new buildings to relieve the overcrowding that has existed here for some years. The extensions, consisting of five double-storied villas each for 45 patients, two semi-infirm villas for the older people, a nurses' home, an operating theatre, together with the accompanying extension to the engineering unit, are the main provisions for the proper accommodation of the nurses and patients.

Progress in the treatment of mental disorder will follow the use of the recently opened admission hospital and the convalescent villas designed to deal with the early and recent cases of breakdown necessitating treatment here. The hospital of 30 male and 36 female beds is designed to give on each side a measure of classification into three main groups so that patients of differing medical type are treated separately and may not come together until they reach convalescence.

To some who are ill, the excitement or abnormal behaviour of others is very tiresome; we were glad to find that here the possibilities of separation and adequate treatment and nursing were understood and that the building was fully utilised to enable recovery to take place under ideal conditions. It is anticipated that the advantages of this unit for the early

treatment of mental disorders will soon be appreciated by the public for whose service the organization exists.

Since August 1st last 42 patients have come in here for treatment, five of them as voluntary patients. Thirty-seven were received from mental observation wards in the area, and it is interesting to note that 10 of them had been in-patients of observation wards on more than one occasion before they were sent to the mental hospital for treatment.

We have no doubt that now the existence of the admission hospital with its facilities will become better known, and more freely used in the earlier stages of mental illness. At the moment the two convalescent villas have not come into full use. They are designed each to hold 15 patients.

The rearrangements in the main buildings include the division of male and female wards 7 into two smaller ward groups. The structural alterations have been completed and all but one of the female wards reoccupied by patients.

The equipment of the wards is in excellent taste and appears to be well and economically carried out. We noted only a few matters requiring attention. It is understood that more bedside lockers are to be provided on the female side; we wondered whether the arrangements for warming plates was adequate; we would recommend as a precaution keeping the medicine chests in a room not accessible to patients rather than in the main dining-room of the villa.

During our visit to the various ancillary premises we found everything working smoothly and the machinery in good order. We noted that the blanket washer has now a protecting guard and that the guard of the foul washer has been provided with a fastener. It would be a great advantage if the whole of the soiled linen were dealt with in the foul laundry; we found that woollen garments were washed in the main division.

One little difficulty in the kitchen appeared to be the cleansing of the greasy floors. It may be this problem would be solved by the use of methods common in the ordinary household.

We saw the food served to patients in various parts of the building and we examined the diet sheets. The dietary appears to be well arranged and of good quality, but the margarine in use has not a guaranteed content of vitamins A and D and in this respect may possibly be improved in nutritional value. It is not noted on the diet sheet that fruit and green vegetables are supplied to patients throughout the winter months, and it is unusual to find porridge issued without milk or sugar, or alternatively syrup.

The patients were well-clothed and appeared to be warm and in other respects comfortable, but we are doubtful of the present-day value of some of the underclothing supplied for the women.

The numbers on the statutory books to-day were 566 males and 643 females. Four of each sex are here as voluntary patients. There are no temporary patients. Two males and 7 females are absent on trial, leaving in residence a total of 1,200 patients. The accommodation is at present unused as to 208 patients by day and 140 by night.

The mortality rate for the year 1933 was 6.8 per cent. There were 60 deaths—31 males and 29 females. Post-mortem examinations were made in 70 per cent. of the cases.

No inquests have been held. The chief causes of death have been heart disease in 21 instances and pneumonia in 13.

There have been 8 cases of more or less serious injuries, 4 of these were due to accidental falls, 2 to violence by other patients, 1 to self-inflicted injuries and in 1 the cause is not known.

There has been no case of epidemic or zymotic disease since the last visit. Seven patients and two members of the staff are at the present time suffering from tuberculosis.

We were accompanied during our visit by Dr. Cuthbert, his medical officers and by the officers of the various departments. We would like to thank them for their contributions to an interesting, and for us an instructive, visit.

#### CITY OF YORK MENTAL HOSPITAL.

*January 31st, 1934.*

The changes which have taken place amongst the patients since the last visit leave on the books the names of 201 women and 181 men, of whom 201 and 180 respectively are in residence to-day. There are 3 voluntary patients but no temporary patient included in these latter figures. The number of private patients is 12 (3 men and 9 women) and there are 16 service or ex-service patients. Out-county patients total 78 (31 men and 47 women), of whom 72 are chargeable to the County Borough of West Hartlepool.

During the year 1933, 8 patients were admitted on a voluntary basis. This figure is a small one in relation to the total number of direct admissions for the year and we hope that every effort will be made to increase the number of admissions in this category.

The absence of any admissions on a temporary basis during 1933 is also disappointing. We understand that since the Mental Treatment Act came into force all local practitioners in York have been circularised and that steps have been taken by Dr. Hooper to explain the provisions of the Act to the relieving officers concerned. We discussed this question at some length with Dr. Hooper.

During the year 7 female defectives have been transferred to other care and there are now 9 vacancies by day and 27 by night on the female side of this hospital. On the male side, however, there is a deficiency of accommodation for 26 patients by day and 11 by night.

The wards, dormitories and galleries were very well kept and we were impressed with their bright appearance.

In addition to the good supply of posters already in position a large number of nice pictures have recently been secured on loan from the City Art Gallery; these latter will greatly improve the look of the day rooms. A very considerable amount of redecoration has recently been carried out in tasteful colours with pleasing effect. Alterations are in progress which will improve access to the canteen and avoid the men having to pass through the stores in order to make their purchases. Improvements have also been made in the organization of the library, the books are being catalogued and arrangements now in force enable the more intelligent readers to attend in person and select their own books. The supply of books appeared to be good both in number and variety, 200 new volumes having recently been purchased through the city librarian. Dr. Hooper takes great personal interest in the library. In connection with this department, we were glad to note that bookbinding was included amongst the occupations available, thereby ensuring the books being kept in good condition. There was also a good supply of recent periodicals.

At our visit to the laundry we found some 17 patients at work. We noticed that two of the hydro-extractors required the addition of some mechanism to ensure that the lids were closed while the machine was in motion. We thought also that the installation of a fixed steam jet in place of a flexible pipe at present in use for sterilizing the bins would be an improvement.

We discussed the question of occupational treatment with Dr. Hooper. At present the activities in this direction are under the charge of 2 of the nursing sisters who have received training in a number of arts and crafts. Classes are held on three afternoons a week for both sexes in a room set apart for the purpose, and efforts are also made to interest the new admissions who are unable to attend the classes. In addition, mat-making

and bookbinding are available for the men, the latter being very well done. A useful start has thus been made in this form of treatment and we understand that Dr. Hooper is anxious to expand its scope as rapidly as possible. We were glad to hear that he considers the training of all the nursing staff in occupational work desirable and he hopes to be able to make arrangements to this end at no distant date.

We received no complaints from any of the patients. They were neatly clothed and shod. The substitution of shoes for boots on the female side is nearing completion. We were glad to observe that practically all the patients' out-door coats are hung on coat hangers which have been fitted in the cloakrooms.

To-day was visiting day and we took the opportunity of inspecting the arrangements and accommodation for this purpose. We were inclined to think that the accommodation, at all events on the male side, was too limited and somewhat lacking in comfort. Perhaps consideration might be given to the question of allotting other accommodation for visitors with the addition of more comfortable seating. Teas are supplied to the patients' friends and we were pleased to hear that some of the proceeds from this and the canteen fund had been devoted to seaside trips for the patients last year. Experience shows that such outings are much appreciated by patients and we hope that it will be found possible to repeat them in the future.

We were interested to hear of the after-care arrangements for patients at this hospital which are carried out by the York and N. Riding branch of the After-Care Association. All cases of patients sent out on trial are reported to the Secretary, who sees that any money allowances granted are properly spent and also helps the patient in other ways. All discharges are also reported to the branch and the general result seems to be very satisfactory.

As a preliminary test of fitness for discharge patients are sent on week-end leave to their homes. This method ensures a high proportion of successes and seems well suited, having regard to the proximity of the area from which the patients are drawn.

The mortality rate of 4.98 per cent. for the year 1933 is comparatively low. Since the last visit 19 patients have died and 13 of these were over 60 years of age. Post-mortem examinations were made in 16 cases.

Inquests were held in 2 cases. The first into the death of a woman patient who had been severely burnt. The second was that of a male patient who, previous to admission, had attempted suicide by injuring his throat and wrist. Both cases were fully reported to our Board at the time.

Three patients have accidentally sustained fractures. The conditions were diagnosed without delay and treatment secured good results in each case.

The hospital has been remarkably free from infectious disease and the physical condition of the patients generally seems to be very satisfactory. Conditions requiring surgical treatment received prompt attention; minor operations are performed here but cases needing major operations are removed to the general hospital. This arrangement continues to work well.

Special attention was given during our visit to the day and night reports. There was much evidence that these reports are written with much care. The number of serious and minor injuries is comparatively low, even amongst the more difficult patients.

In the returns for 1933 the total number of nurses for day duty is stated to be 53 (24 men and 29 women), and 9 for night duty (4 men and 5 women). Approximately 64 per cent. of the men and 47 per cent. of the women nurses are certificated.

Dr. Hooper now has the assistance of Dr. J. M. Smith as assistant medical officer.

APPENDIX B.

ENTRIES BY COMMISSIONERS AT REGISTERED HOSPITALS, ETC.

BARNWOOD HOUSE, GLOUCESTER.

October 15th, 1934.

We have to-day paid the second visit of the year to this house, and have found it in excellent order and the patients in receipt of all proper care and medical and nursing attention.

There are to-day on the statutory books the names of 62 gentlemen and 91 ladies ; 1 of the latter is at present on trial, leaving 152 patients in residence. Seven of the gentlemen and 10 of the ladies are voluntary patients, and 2 ladies are here on a temporary basis.

Since the last visit 5 patients have died, all from natural causes. We noted that 4 of these patients were aged 60 or over.

There has been no seclusion since last visit, nor has it been found necessary to employ mechanical restraint in any case.

The number of patients recorded as being usefully employed is 125, 57 gentlemen and 68 ladies. This figure is a high one in relation to the number of patients in residence, and from what we saw during our visit we are sure that the results are beneficial. In this connection we were very much interested in a visit to the occupation room, where we saw a large variety of occupations available. The occupation officer holds classes both morning and afternoon. We are glad to hear that it is proposed to put all the nursing staff through a course of training so that they can carry on the treatment with the patients in their own sections.

During the period under review, sound film apparatus has been installed, and two films are exhibited every Thursday. Other entertainments for the patients are a weekly dance and a concert or lecture every Friday.

Further improvements since the last visit include the laying of new teak floors to No. 1 gentlemen's hall and No. 1 ladies' dining-room, and the remodernizing of the radiators in the gentlemen's division.

The two hard tennis courts for the staff have been completed. We were glad to hear that a number of the patients take an interest in active games. There is one hard and one grass tennis court in each division.

We gave private interviews to one lady and one gentleman.

Dr. Townsend is at present assisted by Dr. J. K. C. Liddell and Dr. E. C. Dax.

BETHEL HOSPITAL, NORWICH.

October 12th, 1934.

I have to-day paid the second visit of the year on behalf of my Board and in the company of Dr. Fielding have seen and spoken to all the 96 patients in residence.

Since the last visit the following changes have occurred :—

					Male.	Female.	Total.
Admissions—Voluntary	...	...	...	...	8	8	16
Temporary	...	...	...	...	—	1	1
Certified	...	...	...	...	2	3	5
Departures—Voluntary	...	...	...	...	6	4	10
Discharges and transfers—Temporary	...	...	...	...	—	—	—
Certified	...	...	...	...	2	5	7
						(6 on recovery)	
Deaths—Voluntary	...	...	...	...	2	1	3
Certified	...	...	...	...	1	3	4

One of the male voluntary patients was the subject of an inquest on account of an injury prior to admission—death was due to natural causes unconnected with the injury and the circumstances have been reported

to my Board. One gentleman and 2 lady voluntary patients were away on trial to-day, making a total of 99 patients on the books, of whom 13 gentlemen and 20 ladies are on a voluntary footing, 16 of the former and 49 of the latter sex are certified and 1 lady is a temporary patient, the first to be admitted under this provision of the Mental Treatment Act, 1930.

No complaints except on the score of detention were made to me and all appeared to be as happy and contented as the circumstances of their illness would allow.

I am making a report to my Board in the case of 1 voluntary patient.

Two ladies and 2 gentlemen were in bed for physical reasons, and they appeared to be in receipt of adequate nursing care.

Being a fine sunny morning most of the ladies and gentlemen were out of doors, and in the open verandahs, many being occupied in one way or another.

The new occupation room in the nurses' home has been opened and should prove of great value.

#### BETHLEM ROYAL HOSPITAL, BECKENHAM.

*November 8th, 1934.*

We have to-day paid the second visit of the year on behalf of our Board to this hospital, and seen all the patients in residence. There have been several admissions and discharges since the beginning of the year. The following table gives the changes since January 1st last:—

			Male.	Female.	Male.	Female.	Total.
Admissions—Voluntary	...	...	56	58	69	75	144
Temporary	...	...	5	4			
Certified	...	...	8	13			
Departed—Voluntary	...	...	41	48	51	76	127
Discharged—Temporary	...	...	1	1			
Certified	...	...	5	13			
Transferred—Certified	...	...	4	14	6	7	13
Deaths—Voluntary	...	...	3	4			
Temporary	...	...	3	—			
Certified	...	...	—	3			

There are now on the statutory books the names of 96 gentlemen and 123 ladies, a total of 219, of these 65 gentlemen and 76 ladies are on a voluntary footing, 4 gentlemen and 7 ladies as temporary patients, the remainder being received on reception orders. We are glad to see so many patients of both sexes being dealt with as voluntary patients. One lady is away on leave, leaving 218 in residence. The hospital is registered for 250 patients, 109 on the male side and 140 on the female side.

We found the patients in very comfortable surroundings and appreciative of the care and attention which is bestowed on them.

Several of the units have been redecorated and some such work is now in progress. Outdoor shelters have been erected in the grounds of Tyson House. All the grounds and gardens are kept in very good order.

No book-cases have been provided in the wards, as suggested at the last visit, and we hope these may be provided.

Since the last visit deaths have numbered 5 on the male and 6 on the female side, all from natural causes, of which broncho-pneumonia was the condition in 7 instances, and pulmonary tuberculosis in 1 case.

There have been 3 cases of fracture of a bone: the injury in each instance being the result of accidental falls.

In discussing the previous history of recently-admitted patients we were struck by the infrequency, as compared with former times, of the puerperium as an associated factor in the causation of mental illness.

The nursing staff consists of 41 male and 54 female nurses, of whom 34 and 43 respectively are for day duty and 7 and 11 for night duty.

Dr. Porter Phillips has the assistance of Dr. J. G. Hamilton as his deputy, and of Dr. David Robertson as medical officer.

BOOTHAM PARK, YORK.

*November 30th, 1934.*

I visited this hospital to-day. There are on the statutory books the names of 37 gentlemen and 49 ladies, all of whom are at present in residence and were seen by me. Three gentlemen and 9 ladies are on a voluntary basis but the remainder—34 gentlemen and 40 ladies—are under certificate.

Direct admissions since the last visit (just 10 months ago have numbered 35, and it is interesting to note that no less than approximately 71 per cent. of them were received under the provisions of the Mental Treatment Act, 23 as voluntary patients and 2 as temporary patients.

Nine deaths have occurred since the last visit, all from natural causes. All the patients concerned were 50 years of age or more, and 4 were over 60. There have been no serious casualties and no death has been the subject of an inquest.

The house was in very good order; a considerable amount of redecoration has been carried out recently and further work in this respect was in progress to-day.

I found the patients comfortable and well cared for and their rooms well warmed. No complaint of any sort was made to me.

Since the last visit further attention has been paid to the question of occupations for the gentlemen and a selected male nurse has been put in charge of activities in this direction. Greater variety of occupation is now available and I was glad to see that it had been found possible to get some of the more demented patients to employ their hands. The majority of the patients on the ladies' side, other than those in bed, were occupied in some way.

Twenty-four gentlemen and 13 ladies are shown as attending associated entertainments, which consist mainly, in the winter, of card parties twice a week and a fortnightly dance.

Two patients of each sex have full parole, and 4 gentlemen and 2 ladies are allowed parole within the grounds. Patients walking out attended beyond the grounds number 32, 25 gentlemen and 7 ladies.

The present nursing staff consists of 22 male and 30 female nurses, of whom 6 and 9 respectively are on night duty. Twelve of the men and 6 of the women are certificated or registered in mental nursing. The matron is the only one of the nursing staff who is doubly trained.

I gave private interviews to 1 lady and 1 gentleman. As the result of my visit I am satisfied that great attention is paid to the welfare and comfort of the patients at this hospital, and that very friendly relations exist between the patients and the medical and nursing staff.

Dr. Jeffrey still has the assistance of Drs. Gwyneth Love and I. R. Macphail.

THE COPPICE, NOTTINGHAM.

*December 6th, 1934.*

Since the visit made by one of my colleagues and myself in March, the new heating system has been completed, and is now working in a satisfactory manner.

The new treatment centre has also been completed, and forms a most desirable unit, which will be of great value in the work done at this hospital.

At present it is in use as an occupation centre, while additional rooms are for dentistry, laboratory work and clinical examinations.

Occupation therapy was started at this hospital a few months ago, when a trained instructress was engaged. It has been taken up with enthusiasm, and the practical results are most encouraging. The crafts taught include bookbinding, weaving, pottery, leatherwork, printing, raffia work, in addition to the usual sewing, embroidery and rugmaking. All the members of the nursing staff are receiving instruction, the object in view being to have occupational activity in the wards as well as at the centre. There were several patients employed at various handicrafts in the wards to-day, and the effect of these activities was very noticeable. At present there are two beds in one of the rooms at the treatment centre, the original object being to use this room for acute cases. Occupation therapy is proving so successful that Dr. Hunter is considering doing away with these beds and using the room for this form of treatment. A covered way is under course of erection between the centre and the main building.

There were to-day on the books of the hospital the names of 87 patients, 38 being gentlemen and 49 ladies. Five of each sex are here as voluntary patients. There are no temporary patients. One gentleman and 3 ladies are away on trial. Since the last visit 2 patients of each sex have died, all from natural causes.

There has been a progressive increase in the number of patients treated at the out-patient clinic.

I was taken round the hospital to-day by Dr. Hunter, and very much enjoyed my visit.

#### COTON HILL HOSPITAL, STAFFORD.

*October 23rd, 1934.*

We have to-day visited this hospital and have seen all the patients whose names are on the books. In our opinion the new patients are properly under care and control. Except on the question of detention we had no complaints and some of the patients spoke in grateful terms of the care taken of them. We found the hospital in good order and the patients appeared to us to be in receipt of proper care and attention.

There are now on the statutory books the names of 109 patients, 40 gentlemen and 69 ladies, including 6 voluntary patients. There are at present no temporary patients.

Since the last visit there have been 5 deaths—2 gentlemen and 3 ladies. There have been no inquests and no serious accidents.

Three gentlemen and 17 ladies usually attend Divine Service on Sundays. Six ladies enjoy motor drives.

There is a staff of 18 male and 23 female nurses of whom 4 and 5 respectively are detailed for night duty.

We were glad to see that the occupation therapy classes still continue to be well attended and we hope very much that every effort will be made to extend their usefulness.

#### HOLLOWAY SANATORIUM, VIRGINIA WATER.

*November 16th, 1934.*

Since we visited this hospital in May great improvements have been completed in No. 5 ward on the ladies' side. These include six single rooms opening on to a verandah on the site of the old laundry and additional sanitary conveniences. Further alterations comprising a new dining-room and padded rooms are now in progress which when completed will add greatly to the convenience and facilities for treatment in ward 5. The new lecture room for nurses has also been completed and equipped. We were interested to hear of additions contemplated at The Retreat, on the gentlemen's side, with the object of improving the classification

and accommodation for the patients suffering from severer forms of mental illness.

We found all the rooms warm and comfortable and in excellent order. The patients on this damp and gloomy day were for the most part indoors and we were struck by the number on the ladies' side who were occupied with needlework and knitting. Miss Allen, the occupations officer, helps the patients with their own work on the wards and also has classes in the hall for both sexes, where good and varied work is done. Classes are also held for physical culture and this afternoon patients were playing ping-pong in the hall under the direction of Miss Roe, the masseuse.

There is much evidence of the individual care and sympathy with which the patients are treated, both by the medical and the nursing staff, and we were again impressed by the number of the convalescent patients who expressed their gratitude for all that was being done for them. There is an atmosphere of contentment in the hospital which, we think, arises from the many activities directed towards the patients' welfare and treatment.

The total number of patients whose names we found on the books of the hospital to-day were 157 gentlemen and 203 ladies, making a total of 360. Of these 58 are voluntary patients, 2 are temporary, and the remaining 300 are under certificate.

There are 95 male and 83 female nurses employed, of whom 147 are on day and 31 on night duty.

Eleven patients (4 men and 7 women) have died recently, all from natural causes. An inquest was held in 1 case, the coroner's verdict being that death was due to broncho-pneumonia following the fracture of the right humerus, caused by an accidental fall.

We gave private interviews to 3 ladies and 1 gentleman.

#### ST. ANN'S, CANFORD CLIFFS.

*April 3rd, 1934.*

I have visited to-day this branch of Holloway Sanatorium and have found in residence 7 gentlemen (1 a voluntary patient) and 27 ladies (5 on a voluntary footing). With the exception of 2 ladies who were out for the day I have seen and talked to all the patients and have found them most happy and contented and being looked after in ideal conditions. There was only 1 patient—a lady—in bed to-day.

The rooms were well warmed and comfortably furnished and decorated with spring flowers and were in an excellent state of repair.

I was glad to find a good deal of fancy work and rug making in progress and would like to see the occupations extended to the "Wing," where the ladies who are less well mentally are housed.

The staff consists of a matron, Miss Lowe, who rendered me every assistance, a deputy matron, 2 night and 9 day nurses (females) and 2 male nurses on the regular staff plus 1 special male nurse.

#### THE LAWN, LINCOLN.

*October 17th, 1934.*

I have to-day seen all the patients in residence with the exception of 1 gentleman who was out walking.

No one had any complaint except on the score of detention, and many told me how comfortable and well cared for they were here.

I paid particular attention to those in bed and found them to be in receipt of adequate nursing attention.

Occupation therapy is extensively employed and an additional room for the gentlemen's use has been arranged. Nearly all the ladies and gentlemen were occupied in some way or other and many were doing very useful work.

The hospital is well managed and the accommodation most comfortable and homelike, particularly on the ladies' side.

There were 17 gentlemen (6 on a voluntary basis) and 57 ladies (22 voluntary patients) on the books, of whom 4 ladies, including 2 voluntary patients are on leave.

Since the last visit 5 gentlemen and 13 ladies have been admitted as voluntary patients and 4 gentlemen and 8 ladies as certified patients: there are no temporary patients. Four gentlemen and 9 lady voluntary patients have left; also 3 gentlemen and 2 lady certified patients have been discharged or transferred: six of the total of 18 discharges were on recovery.

Three patients have died from natural causes.

I saw 2 lady and 1 gentleman voluntary patients on whom I am reporting to my Board and have asked Dr. Mackenzie to report on another lady in a month's time.

Since the last visit the Matron, Miss Ross, has resigned, and her successor, Miss Bertha Bland, will take up her duties at the end of the month—she comes from Scalebor Park and is doubly trained.

#### MANCHESTER ROYAL HOSPITAL, CHEADLE.

*December 13th, 1934.*

I have to-day visited this hospital and have found it in first-rate order, extremely comfortable, and the patients for the most part happy and contented. I had no real complaints, no requests for a private interview, nor was there the slightest sign of noise or turbulence in any part of the hospital. I believe that everything possible is being done here, not only for the patients' mental welfare, but also for their happiness and comfort.

There are now on the statutory books the names of 106 gentlemen and 233 ladies, but 6 gentlemen and 39 ladies are away at Colwyn Bay, or elsewhere on leave. There remain in residence here 294 patients, 100 gentlemen and 194 ladies.

Of the total number on the books 30 gentlemen and 56 ladies are on a voluntary basis and 1 gentleman and 4 ladies are on a temporary basis.

In 1933, out of 199 admissions 135 were voluntary and 9 temporary admissions.

Since the last visit there have been 35 deaths, all from natural causes. There have been no inquests.

There have been 2 serious accidents involving fractures, in 1 of which a lady slipped when rising from an armchair and broke the left femur; in the other the patient, a lady, slipped while dancing and sustained a Potts fracture of the right foot.

Forty gentlemen and 56 ladies usually attend Divine Service on Sundays and 55 gentlemen and 110 ladies attend the associated entertainments. Eighteen gentlemen and 26 ladies have parole beyond and 9 gentlemen and 40 ladies within the grounds.

The total number of nurses is 49 on the male and 76 on the female side, 7 men and 18 women being detailed for night duty. Thirty-two men and 45 women nurses have over 5 years' service.

Some of the strong rooms in the hospital have been reconditioned, with very good effect, doing away with the former somewhat prison-like appearance.

The new patients are, in my opinion, properly under care and control. My visit was most satisfactory in every way.

#### GLAN-Y-DON, COLWYN BAY.

*August 3rd, 1934.*

I have to-day visited The Hall and the old House, and have seen all the ladies and gentlemen now in residence, 34 ladies and 5 gentlemen, with the exception of 3 ladies and 1 gentleman who were out walking.

The House is in its usual comfortable condition, and the gardens looking well kept and very lovely.

I received no complaints of any sort, and believe that the patients are very contented here, and thoroughly well looked after.

Such of the patients as are able and wish to attend Divine Service on Sundays at a church about a quarter of a mile away.

#### THE RETREAT, YORK.

*August 20th, 1934.*

Although the last visit of the Commissioners was less than seven months ago, several important developments have been completed at this hospital in the meantime.

The kitchen has been remodelled, extended and fitted throughout with modern cooking apparatus. In every essential respect the kitchen may now be regarded as satisfactory. Three new dinner-wagons, two of which are heated electrically, have been purchased, and with these there should be no difficulty in ensuring that the food can be served hot in the wards.

Another important development completed recently is the new wing of the nurses' home, which gives additional bedroom accommodation for 24 nurses. Those nurses doing night duty occupy this new wing. The single bedrooms seem to be sufficiently large to serve, if it were necessary, as bed-sitting-rooms.

A house has been secured in the neighbourhood for accommodating 14 laundry-maids, who hitherto have occupied rooms on the top floor of the main building. The accommodation thus rendered available has been allocated to the ward-maids.

Another material improvement is the completion of the beautiful Rose Walk designed as a memorial to Dr. Bedford Pierce, who was superintendent of this hospital for 30 years. All who knew Dr. Bedford Pierce will appreciate how very appropriate is this particular form of memorial.

Since the beginning of this year 55 patients—33 voluntary, 3 temporary and 19 certified—have been admitted. The proportion of voluntary and temporary patients gives some indication of the value of the provisions of the Mental Treatment Act. In the course of to-day's visit special attention was given to 3 patients admitted recently. During the same period 37 patients have been discharged. To-day there are 167 patients in residence and 17 on leave or trial, 11 gentlemen being on holiday at the Filey Home; and therefore the total number on the books is 184.

Ten patients have died, all from natural causes, since the last visit of the Commissioners; and in 3 cases, each of which I discussed with the medical officers, patients have sustained serious injuries.

Although I was unable to discuss their work with the occupation officers, it is evident, definite and encouraging results have been achieved by these officers, who obviously receive the full support of the medical and nursing staffs. One instance is the work done by the ladies in ward 4. A year ago comparatively few of the ladies, most of whom are chronic cases, were usefully occupied; but now, in addition to much artistic handwork by individual patients, the ladies in this ward do most of the mending of patients' clothes. A careful record is kept of the progress in occupations of each patient. Both the class-work and the individual training of early cases in the wards are being pursued systematically.

In the absence of Dr. Macleod, who is on holiday, I have received every assistance from the medical officers, Dr. Beresford and Dr. Ralston.

#### ST. ANDREW'S HOSPITAL, NORTHAMPTON.

*October 16th, 1934.*

We have visited this hospital and all the villas and houses connected therewith in the course of yesterday and to-day and we believe that we have seen all the patients now in residence and have given everyone an

opportunity of speaking to us. We gave a number of private interviews, but in nearly all these cases the complaints, such as they were, were due to mental trouble.

In the course of our visit one or two things struck us which are worthy of mention. We would like to suggest that the cinema apparatus should be converted to a talking machine or perhaps a talking machine be substituted for the present one. Silent films are becoming more and more difficult to get and our experience is that the cinema is of very real benefit as tending to relieve the unavoidable monotony of life in an institution such as this.

We hope, too, that no effort will be spared to keep up the physical drill classes. Apart from the physical benefit to patients of both sexes, physical drill in the hands of a capable instructor gives very great pleasure to many patients who have been induced to join the class.

We saw a meal being served to some of the patients at Wantage House which seemed to be not only appetizing but was also being put before the patients tidily and nicely.

The main hospital and all the dependent villas and houses were in excellent order and we had no complaints of any substance.

The patients were for the most part happy and comfortable and we believe that they are in receipt of first-class medical and nursing care and attention.

The equipment at Wantage House seems to us to be very complete and we were very much interested to see there the many and various aids to treatment and diagnosis.

There are now on the books of the hospital the names of 225 gentlemen and 297 ladies, a total of 522. Of these 72 are voluntary patients and 3 are temporary patients. Sixty-five patients are now out on leave or trial, leaving 457 in residence at the time of our visit.

Since the last visit there have been 5 deaths, all from natural causes. There has been one inquest, in which the verdict was death due to natural causes.

It is interesting to note that 5.35 per cent. of the patients pay 21s. and under, 11.66 per cent. over 21s. and up to 42s., and 53.35 per cent. over 42s. and up to the cost of maintenance, which is at present £5 1s. 10½d. The total nursing staff consists of 140 men and 151 women. Five women nurses are employed on the gentlemen's side.

Sixty-six gentlemen and 122 ladies usually attend Divine Service on Sundays and 88 gentlemen and 140 ladies attend the associated entertainments.

BRYN-Y-NEUADD, LLANFAIRFECHAN.

*August 4th, 1934.*

I have to-day visited this house and seen all the gentlemen, with 2 exceptions, now at the Hall and the Annexe, and the 1 lady who is living at Hafod Fadog.

The 2 exceptions were a gentleman who was out with his wife and one who was out fishing. A sheep-dog trial was taking place in the park and many of the gentlemen were in the garden watching the dogs working. The gardens were looking lovely. I spoke to all the patients and received no complaints except from one gentleman who told me he was writing a very bad report on the place. His conversation satisfied me that no reliance could be placed on his reports.

In the kitchen a new hot-plate and gas range have been added to the equipment, and what is proving most useful, a new refrigerator.

The house was in excellent order and the patients in receipt of excellent medical and nursing care and attention, and it was quite obvious that most of the patients much appreciated the change.

There are to-day 20 gentlemen at the Annexe and Villa, 45 at the Hall and 1 lady at Hafod Fadog.

THE WARNEFORD, OXFORD.

November 15th, 1934.

There are now on the books of this hospital the names of 100 patients, 45 gentlemen and 55 ladies, of whom 17 are on a voluntary basis and 1 is on a temporary basis.

We found the hospital in excellent condition, in good order and comfortably furnished, but on both sides we thought the corridors and day rooms distinctly cold—indeed, some of the patients complained of the cold to us.

We gave a number of private interviews and gave everyone an opportunity of speaking to us.

We visited the occupation therapy and much wished that a better room could be found for it. The present room is too small and cramped and was to-day cold : we think that for the full therapeutic value of the work to be obtained it is essential that the work should be done in comfortable surroundings and without crowding. We hope something can be done in this direction and that every endeavour will be made to expand the work.

We believe that the new patients are properly detained under care and control. Since the beginning of the year there have been 42 admissions, 27 voluntary, 4 temporary, and 11 certified.

There have been 4 deaths, all from natural causes, since the last visit. To-day 3 gentlemen and 1 lady are on leave or trial, leaving in residence 96.

The health of the patients has been good. About 12 gentlemen and 19 ladies attend Divine Service, which is held twice on Sundays and once during the week.

WONFORD HOUSE, EXETER.

September 13th, 1934.

Since my last visit, on January 29th, 1934, the following changes have taken place :—

	Voluntary.		Temporary.		Certified.		Total.
	M.	F.	M.	F.	M.	F.	
Admitted ... ..	7	5	—	—	3	7	22
Transferred ... ..	—	—	—	—	1	4	5
Departed or discharged ... ..	5	3	1	—	1	4	14
Of whom recovered ... ..	1	1	—	—	1	1	4
Died ... ..	—	—	1	—	1	4	6
Now on statutory books ... ..	6	9	—	—	35	66	116
At Newlands or on leave ... ..	—	5	—	—	—	10	15
In residence ... ..	6	4	—	—	35	56	101

I saw all the patients and spoke to most of those in residence with the exception of 2 ladies and 2 gentlemen who were out for the day. I was pleased to see most of the patients out in the grounds enjoying the sunshine. I had no complaints from anyone except on the grounds of detention.

Since last visit the general health has been good, there have been 6 deaths, all from natural causes, and in 5 of these the age at death was over 70 years.

An occupation class was in progress at my visit this afternoon, which is attended by about 16 gentlemen and the same number of ladies. I found all the patients very interested in their work, which they took an interest in showing me. The work included fancy work, plain sewing, raffia baskets and bags, wool rugs, scarf weaving, etc. Besides those who attend this class there are many others who prefer to do their occupational work in their own room or day room. Considerable benefit has resulted

in the mental condition of many of the patients since a more intensive course of occupation therapy was started.

Thirty-six patients attend Divine Service and the same number associated entertainments, whilst 45 can be usefully employed. Parole beyond the grounds is granted to 7 patients (2 male and 5 female) and within the grounds to 13 (3 male and 10 female).

The nursing staff consists of 23 males and 30 females, of whom 3 males and 5 females are on night-duty. I was glad to see that there has been a good deal of redecoration both on the ladies' and gentlemen's sides with pleasing effect. I was told that some of the doors on the gentlemen's side would receive attention, as the paintwork was chipped and worn in places.

A new central wireless set has been installed and from it there are now 12 loudspeakers worked. The effect is pleasing, as the tone can be moderated to suit the requirements of the listeners.

The walls mentioned in last report, unfortunately, cannot be lowered, but with the aid of creepers and flower beds in the airing courts the prison-like effect is being reduced.

The house was in good order everywhere, and the patients in bed, 1 male and 13 females, showed evidence of careful nursing and kindly attention.

Dr. Eddison accompanied me round, and supplied me with much useful information about the patients. I am satisfied that the ladies and gentlemen in residence are kindly and sympathetically treated, in very comfortable surroundings.

NEWLANDS, DAWLISH.

*March 22nd, 1934.*

To-day I visited Newlands, a branch of Wonford House, and saw and spoke to the 11 lady patients in residence, of whom 4 are voluntary patients.

The house was in excellent order, and none of the patients had any complaints. Some of the ladies told me how happy and comfortable they were. Six of the ladies attend Divine Service on Sundays, whilst five are allowed parole beyond the grounds. All the patients enjoy motor drives, going about 10 or 12 times a month.

Several of the patients have their own gardens in which they take a great interest, and the majority are keenly interested in handicraft work of various types, cross-word puzzles, etc.

The Matron kindly accompanied me round, and supplied all necessary information.

Since last visit the health of the patients has been very good.

The staff consists of Matron and 4 nurses, 1 of whom is on duty at night.

I am satisfied that the patients are happy and contented, being kindly treated and supervised by the staff.

ROYAL VICTORIA HOSPITAL ("D" BLOCK), NETLEY.

*December 11th, 1934.*

There are to-day 1 officer and 40 other ranks under observation or treatment for mental illness in this department of the hospital. Twelve patients were this morning in bed, some being very recent admissions. Convalescents are accommodated in an upstairs day room.

Treatment is carried out on up-to-date physical and psycho-therapeutic lines and the care of the patients is personal and sympathetic. A start has been made on the use of handicrafts as a remedial measure, in the form of wool rugs on stencilled canvas and scarves made on a wooden frame. The scope for this branch of therapy is a little limited owing to the shortness of stay of patients here.

The quarters are spacious and comfortable and the gardens for exercise are extensive and contain a bowling alley and court for handball.

Football matches are played by the patients on the field in front of the block and there is a liberal provision of indoor games. Two concerts are held each week.

Since the visit of my colleague in October of last year, 4 officers and 272 other ranks have been admitted, 5 of the latter have been discharged to duty, 2 officers and 35 other ranks have been removed to mental hospitals and 1 officer and 208 other ranks to their own homes, or failing the existence of the latter, to public assistance institutions in their own part of the country.

No deaths have occurred during this period, nor has there been any use of mechanical restraint or seclusion.

A record is kept of all injuries, even of a trivial character. Two padded rooms have been newly panelled. The dispensary, in one of the corridors, is kept master-locked whenever it is left unoccupied by a member of the staff of the department.

All the quarters were thoroughly clean and in order. A fresh diet menu for the four meals of the day is drawn up each week on generous lines. In this current week there are three dinner courses on three days.

From the copies of questions set at the recent examinations for Class I and Class III mental nursing orderly, at which a 60 per cent. achievement is required, the high standard of training here may be readily estimated. Most of the nursing orderlies who are drafted to this department have previously taken the certificate of Class I for general nursing orderly.

In addition to the services of the physicians and surgeons of the hospital, those of the medical superintendent of the Portsmouth City Mental Hospital are available for consultation.

I am much indebted to Major D. I. Macdougall, M.C., for a visit of considerable clinical and administrative interest.

#### ROYAL NAVAL HOSPITAL, GREAT YARMOUTH.

*October 12th, 1934.*

On behalf of my Board I paid the annual visit to-day.

I saw all the patients in residence and spoke to quite a number of them, and gave any who wished to speak to me an opportunity of doing so. I had no complaints except a very few regarding detention.

Since last visit by my colleagues, on May 18th, 1933, there have been 10 admissions, 12 discharges and 11 deaths, which leaves 213 on the books, of whom 2 were absent on trial. With the exception of 1 voluntary patient all the others are certified. The mortality rate for the year ending December 31st, 1933, was 2.67 per cent., which is an extremely low one as compared with 7.6 per cent. of the average of all mental hospitals in England and Wales for males.

There were 11 deaths since last visit, and in 9 cases a post-mortem examination was held. The principal causes of death were 4 general paralysis, 2 cancer and 1 epilepsy.

The general health of the patients has been very good indeed. Since last visit there has not been a single case of enteric fever, dysentery or tuberculosis amongst the patients or staff.

The majority of the patients were out in the pleasant grounds at my visit, all were neatly dressed and appeared to be in good health. Many were well tanned by the open-air life they live.

In going round I saw a class of 22 at physical drill, which they were enjoying in the open air. Very good work was being done in the workshops and especially in the occupational room. Many of the patients told me how interested they were in their work, and how much they benefited by it.

I visited all the houses A to H. In the latter a fire-escape has been fitted as recommended in last report. A and B houses, which are reserved for officers, have been nicely redecorated since last visit. The whole

building was very clean, the day rooms being well provided with pictures and flowers and good libraries, whilst the dormitories were well ventilated and the beds comfortable.

The kitchen has been retiled, but I should like to recommend that a w.c. and a wash-hand basin be provided there, as at present the kitchen staff and patients who are employed there have to use the w.c. in H house, which is not very satisfactory. The wash-hand basin would also be of use in making certain that patients' hands were clean before they handled any food they might have to deal with in the kitchen.

I was pleased to hear that it was proposed to improve the store-rooms, which are very dark at present and difficult to keep clean.

All the dormitories are provided with fire escapes as second means of exit, but the key to open their doors is not kept in a glass box alongside the door, as it is considered that some patients might use this as a means of escape. An attendant sleeps in most of the houses, and 4 are on night patrol. In the case of emergency, e.g., fire, I think it would be advisable to have an electric bell push in non-watch wards which would ring in the attendants' room should the necessity for its use arise.

It was pleasing to hear that parole was granted to 70 patients outside the hospital, and to 40 within the grounds. All the houses except one are treated on the open-door principle.

The nursing staff consists of 38 attendants, of whom 14 are certificated or registered as mental nurses, whilst 10 have passed their preliminary examination. Surgeon-Commander F. L. H. MacDowel, who is in charge, accompanied me round and was most helpful in supplying information about the patients and occupation therapy classes, in which he takes great interest. He is assisted by Surgeon-Lieutenant-Commander J. J. Mason, whom I also saw for a short time.

#### BROADMOOR CRIMINAL ASYLUM.

*October 26th, 1934.*

There were the names of 813 patients on the statutory books on the day of our visit to this hospital. Of these patients 613 are males and 200 females.

Since last visit, which was on April 10, 1933, 78 patients have been received (59 males, 19 females) and 68 have been discharged or removed. There have been 38 deaths.

These figures show that in the interval between the two visits the number of patients in residence has been reduced from 841 to 813, a decrease of 28.

Of the patients discharged or removed 20 males and 17 females, a total of 37, were discharged as recovered to the care of friends. For the year 1933 the mortality rate was 3.13 per cent., a figure which we consider satisfactory.

There has been no case of enteric or dysentery and the general health of the establishment has been very good.

One suicide occurred, the circumstances being fully reported to our Board. According to our information the history of Broadmoor indicates the extreme rarity of such misadventure here.

Seven casualties are reported. All were of accidental nature except in two instances, in which the injuries were self-inflicted and to some extent intentional. There was no casualty to any patient through the violence of another.

The hospital possesses an admirable site and is of sound construction. Though 60 years or more of age, it is well preserved. It is spacious and has large windows and is by no means so out of date as its age might lead one to suppose.

We found it in very good repair. Though most of the wards are light there are sections of the female blocks which are rather dark. Where

this is caused or added to by the proximity of trees we recommend their removal. We would also advocate that when repainting is being done, a lighter colour should be made use of.

The size of the blocks militates to some extent against a better classification of the patients than exists at present. There are, however, a large number of single rooms and these we found being made use of to the fullest extent.

We gave particular attention to the way in which the patients are managed. A quite small number are of aggressive, violent and hostile characteristics with but little trace of normality remaining. These we found well attended to and adequately protected from injuring themselves or others. Of the other patients located in the two refractory blocks on the male side we thought that further sub-division was desirable, but the accommodation provided does not appear to admit of this.

The patients appeared to us to be in a good state of physical health and mainly in a state of contentment which compares quite favourably with what we find in other mental hospitals. We heard no complaints about food or about severity of routine or discipline.

We thought that more occupational facilities might be provided and discussed the subject with Dr. Foulerton, who we believe to be much in sympathy with this objective. We noted with satisfaction the number of patients who were reading books and, on the female side, the number of women who were doing needlework or embroidery.

This hospital has neither cinema nor canteen. We are of opinion that the absence of these in a modern mental hospital would be regarded as deficiencies. We would like to see Broadmoor with both.

We are pleased to report in general terms on the satisfactory manner in which we found the hospital being conducted. We thought the attendant staff—male and female—competent and attentive to their duties.

We desire to express our thanks to Dr. Foulerton and to Dr. Connolly for their kind assistance to us.

## APPENDIX C.

## ENTRIES BY COMMISSIONERS AT METROPOLITAN LICENSED HOUSES.

## BROOKE HOUSE, CLAPTON, E.5.

*October 29th, 1934.*

We have to-day seen the 61 patients in residence, 41 ladies and 20 gentlemen. Of this number 12 are here on a voluntary and 1 on a temporary footing. Of the 13 admissions since July 16th, 3 have been voluntary and 2 temporary patients. The patients appeared to us to be comfortably housed and well looked after. A weekly class in handicraft is now held on the ladies' side, which is attended also by a few of the gentlemen. A number of ladies were busy with needlework after tea this evening and this class is clearly much appreciated. We realise that a number of the gentlemen are too old and frail to be interested in any form of occupation, but there are some who, we think, might with real advantage be persuaded to join in occupational activities in their own day rooms and who are not well enough to come across to the weekly class on the ladies' side.

The nursing staff consists of 14 nurses and 8 attendants, the Matron and the Head Attendant hold the Medico-Psychological Certificate and the Assistant Matron is general trained.

No arrangements have been made to enable the nurses to sit for an examination in mental nursing.

One patient has died since the last visit from natural causes.

In the absence of Dr. Johnston we were taken round by Dr. Rollins.

## CAMBERWELL HOUSE, PECKHAM ROAD, S.E.5.

*October 2nd, 1934.*

We have to-day visited this house and found everything in good order. The day was very wet and only a few patients were in the gardens, but in spite of this there was no noise or disorder in any of the wards and the patients were singularly free from complaints of any sort. We visited the occupation centre, but unfortunately it was just at the end of the session, but we saw some very good work. We were glad, too, to see quite a lot of hard work being done in the wards and by some of the patients in bed. The bed patients were comfortable and being properly and carefully nursed.

A considerable amount of work has been done lately in the way of decoration and repair and reconstruction and extension of hot-water systems. Much work has been found necessary in the East House, which is now proceeding. New electric-light mains are being laid in the main building.

The work on the badminton court is proceeding and a stage and dressing rooms are to be added later. We think that it would be a wise plan if the Directors would consider before the building is too far advanced the advisability of building a fire-proof chamber which might serve hereafter as an operating room for a talking-cinema apparatus. Our experience in other similar establishments is that the cinema is a most popular form of entertainment and we think that it would be a pity to lose this chance of making a suitable building for the purpose, even if the actual installation may have to be postponed.

There are now 288 patients in residence, 95 gentlemen and 193 ladies, the total number on the books being 315. Twenty-one gentlemen and 43 ladies are here on a voluntary footing. Twenty-seven patients are away either at Hove Villa or elsewhere.

Since our colleague was here in September, there has been one death from natural causes.

There have been no serious accidents.

About 70 patients attend Divine Service on Sundays and about 130 the associated entertainments.

The total number of nurses, including reliefs, is 98, 27 men and 71 women. Six men and 17 women are on duty at nights.

The new certified patient is properly detained and the rest may properly remain for the present in the voluntary class.

#### HOVE VILLA, BRIGHTON.

*March 20th, 1934.*

There are 7 ladies and 9 gentlemen in residence here at present, 1 of the latter is a voluntary patient and 5 of them, as well as 1 lady, are enjoying parole beyond the garden.

One lady is bed-ridden with contractures and is recovering from a sore. They all seem to be well pleased with their care here.

The accommodation is spacious and comfortable, but I think some of the sitting-rooms would be much improved with 1 or 2 suitable pictures. A fire-escape staircase passing from one of the bedrooms over the conservatory roof stops short at the edge of it without a barrier: I fear that in its present condition its use, in the emergency for which it is provided, would be attended with danger.

The resident staff is the same in number as at the time of the last visit.

#### CHISWICK HOUSE, PINNER.

*October 18th, 1934.*

As a result of the changes which have taken place since the last visit, there are to-day 32 patients on the books, of whom 11 are gentlemen and 21 ladies.

Eight of the gentlemen are under certification and 15 ladies, 3 gentlemen are on a voluntary status and 5 ladies, and there is 1 lady who is a temporary patient. Two ladies are on leave and one is out for the day, leaving in residence a total of 30 patients, of whom we have seen 29.

Apart from some necessary decoration at the Grove, shortly to be effected, the premises are in excellent order, the rooms most comfortable and it is evident the ladies and gentlemen are receiving all possible attention and care.

#### CLARENCE LODGE, CLAPHAM PARK, S.W.4.

*October 15th, 1934.*

No new patients have been admitted and no patients discharged since the last visit. The 11 ladies in residence seem very happy and contented; and I feel sure every consideration is given by Miss Thwaites and her staff to ensure that the patients receive the care and supervision which they need.

#### FEATHERSTONE LODGE, FOREST HILL, S.E.23.

*October 29th, 1934.*

The same 4 ladies are still in residence here. At the time of my visit to-day 1, who is over 80, was asleep in a comfortable chair. A second, who was about to have a mid-morning lunch, spoke of her own health, which has been her preoccupation for many years. The third was reading a magazine on the sofa; she talked quite incoherently and asked me to give messages to various people unknown to me. The fourth, who is also over 80 and has been here for 30 years, was in the warm and bright verandah occupied in folding up a newspaper and though perfectly courteous she informed me that she did not wish to talk to me. Their bedrooms and the rooms they use during the day were comfortable and the appearance of the patients speaks well for the care taken of them.

FENSTANTON, CHRISTCHURCH ROAD, STREATHAM HILL, S.W.2.

*October 15th, 1934.*

Twenty-nine patients are in residence to-day, 2 temporary, 1 voluntary, and 26 certified. Since the last visit 2 voluntary and 1 temporary patients have been admitted. One of these voluntary patients has left. The only other recent change amongst the patients was due to the death of a lady who was certified.

During my visit I saw all the ladies in residence. All seemed as contented as their physical and mental condition would enable them to be; and I was glad to see a marked improvement of several ladies who were resident when I last visited.

The nursing staff consists of the Matron and 12 nurses, 3 of whom are on night duty. I was shown the bedrooms allotted to the staff. Some of these rooms need redecoration, and I should like to suggest that the electric lighting should be installed in all the rooms provided for the nurses.

The central heating system has been extended considerably and a new boiler installed in the basement. Also a large gas cooker of the modern type has been introduced in the kitchen.

THE FLOWER HOUSE, BECKENHAM LANE, S.E.6.

*July 17th, 1934.*

I visited Flower House to-day and was pleased to observe how attractive the interior has been rendered by the extensive redecorations which have been effected recently. Light colouring has been selected and the results are most satisfactory. I found everything in excellent order. The grounds, though suffering from the drought, are in beautiful keeping.

The changes which have occurred since May 29th, when the last visit was made by my colleague of the Board of Control, include: 1 death, 1 transfer, certified patients; 1 voluntary patient was certified and 1 left; 1 certified patient was admitted.

There are to-day 25 certified patients in residence and also 5 voluntary patients. I saw and spoke to each patient and was satisfied that all, including the recent admissions in particular, were properly classified and suitable for their status.

The patients were, with but few exceptions, out in the grounds, where most were reading. All were enjoying the bright weather and none complained.

One gentleman made a request, which I have recorded in the patients' book.

HALLIFORD HOUSE, UPPER HALLIFORD, SHEPPERTON.

*October 9th, 1934.*

Since the last visit 1 lady has died from natural causes and 1 lady has been admitted in a voluntary position, leaving the same number on the books, viz., 25, of whom 9 are gentlemen and 16 ladies. Two of the gentlemen and 3 of the ladies are on a voluntary basis and 1 lady, who is leaving to-day, recovered, is on a temporary footing.

I have seen all the patients except one gentleman, who was out walking, and I found the house in good order and the ladies and gentlemen in receipt of suitable attention.

I drew Dr. Haslett's attention, however, to a lack of brushes and combs on the gentlemen's side and no doubt this will receive attention.

HAYES PARK, HAYES, MIDDLESEX.

*October 9th, 1934.*

There are to-day in this house 18 ladies, of whom 15 are under certificate and 3 voluntary patients. We have seen them all with the exception of 1 lady who was out for the day.

Since the last visit 1 lady (since transferred to other care) has been admitted under certificate and 2 others have been received on a voluntary basis—1 of the latter being a transfer from Mead House.

We found the ladies in comfortable, well-warmed rooms and in receipt of proper care and attention. The premises generally were in excellent order.

JAMNAGAR HOUSE, STAINES.

*October 15th, 1934.*

This house, which has been substituted for Hendon Grove, and the licence for which has been transferred to Dr. Sutherland, has to-day been visited by us.

The house affords ample accommodation for 14 patients and is surrounded by attractive grounds and gardens extending to 3½ acres.

There is only 1 patient on the books and in residence. She is on a voluntary footing and is most suitable for that status.

We have seen all the premises and were very pleased with the arrangements which are being made for the comfort and accommodation of the patients.

We have made some minor suggestions to Dr. Sutherland in regard to protective measures as to fire-guards and in the bathrooms and lavatories to which he has promised to give attention.

Dr. Sutherland is evidently greatly interested in his work and we wish him all success in his undertaking.

MEAD HOUSE, HAYES, MIDDLESEX.

*October 9th, 1934.*

The only changes amongst the patients at this house since the last visit have been the admission of one lady under certificate and the transfer of another (a voluntary patient) to Hayes Park.

The above changes leave on the books the names of 13 ladies, all, with one exception, being under certificate. No temporary patient is at present in residence. We have seen all the ladies and spoken with those who were willing to converse. We received no complaints.

The house and premises generally were in first-rate order, and the patients appeared to be well cared for in comfortable surroundings. We satisfied ourselves that the newly admitted certified patient is properly detained. We gave a private interview to one lady.

MOORCROFT, HILLINGDON, MIDDLESEX.

*October 9th, 1934.*

Visiting this house to-day we found the names of 38 gentlemen and 9 ladies on the books, all of whom we have seen with the exception of 1 lady who is at present on leave. Seven gentlemen and 2 ladies are voluntary patients and 2 patients of each sex are on a temporary basis.

We are satisfied that the only newly admitted certified patient, a gentleman, is rightly detained.

The house and grounds are in excellent order and the patients appeared to be receiving good care and proper attention. We gave a private interview to one gentleman.

NEWLANDS HOUSE, TOOTING BEC COMMON, S.W.17.

*October 2nd, 1934.*

I have to-day visited this house on behalf of my Board and have seen and spoken to all the ladies and gentlemen in residence—24 in all. There are 15 ladies—2 on a voluntary basis—and 9 gentlemen—1 a voluntary patient.

Since last visit 2 ladies under certificate have been transferred here from other care and 2 gentlemen have also been admitted. Both are now

certified but one of them came in on an urgency order, was subsequently on a voluntary footing and has now been certified. I paid particular attention to the new patients and consider that they are rightly detained. One lady, a certified patient, has been transferred elsewhere.

The house was in its usual good order. The patients were all quiet in demeanour and are, I am sure, most kindly treated. Those who were in bed to-day appeared to be receiving careful and skilled nursing attention.

NORTHUMBERLAND HOUSE, FINSBURY PARK, N.4.

*October 29th, 1934.*

The number in residence at Northumberland House to-day is 31 gentlemen and 43 ladies. Two gentlemen and 3 ladies are away on leave or trial making a total of 33 and 46 on the books. Since the last visit, on July 16th, 1934, the following patients have been admitted: voluntary, 8 gentlemen and 7 ladies; temporary, 1 lady; certified, 3 gentlemen and 6 ladies.

Twenty-three patients have left, including 15 voluntary, 2 temporary and 6 certified patients.

Many of the rooms have been redecorated and lighter and more cheerful colour schemes are being introduced. This is to be extended to other parts of the house which remain at present rather sombre and in a bad state of repair. We noticed also that the padded room in the south block, which is usually occupied at night by one of the patients, needs some renovation.

Dr. Dillon told us that he is engaging an occupations officer to organize the occupations on the male side and to train the nurses. We believe that this will be of value in the treatment and daily life of the patients and we hope that recreational activities, both outdoors and indoors, may be included in the scope of occupational treatment. Although there are a number of books in the shelves in the day rooms we noticed a lack of light modern literature of the type that would be more likely to attract patients unable to concentrate for long at a time.

We gave special interviews to three patients, in whose case no action is called for.

OTTO HOUSE, 44, SYDENHAM HILL, S.E.26.

*October 29th, 1934.*

There are 20 patients in residence to-day. I have seen them all, spoken to them and given any who wished it an opportunity to talk to me.

One certified and 1 voluntary patient have been admitted since last visit and may rightly remain in these categories. I had a private interview with 1 patient.

The garden is very attractive to-day; many patients were sitting or walking out of doors, and occupied in embroidery or knitting.

The atmosphere of the house is one of cheerfulness and confidence. I had no complaint from anyone other than that directly based upon obvious delusion, and most of the patients seemed contented and happy.

PECKHAM HOUSE, PECKHAM, S.E.15.

*July 23rd, 1934.*

During the course of our tour of inspection of this hospital we saw the 86 men and 218 women who were to-day in residence.

There were also 2 men and 6 women on leave, and 2 men and 16 women are patients at the seaside house, Kearsney Court.

We found the great majority of the patients, who were not otherwise occupied, living out of doors in the garden. There are many advantages accruing from life in the open air, even though on occasion it may mean less adequate classification.

It seems to us that many of the patients had derived much pleasure from daily walks in an enclosed space, but we realized, judging from their

general attitude, that their minds and bodies had drifted into a lassitude that only an organized system of occupation therapy could cure.

We were informed that building schemes are on foot with a view to modernizing this hospital, and we know how much thought Dr. King has given to this matter. It is always difficult to decide on the order of events and we realize that our views on this problem are expressed without a knowledge of the full circumstances. But we would like to call attention to the extremely primitive arrangements existing here in the sanitary annexes for cleansing utensils used at night by many patients and during the day by those who are receiving the closest nursing attention.

We found during our visit that the relations existing between the staff and the patients were excellent. This indicates that the welfare of the patient is the constant concern of those whose duty and pleasure is to treat the unhappy victims of mental disorders.

#### KEARSNEY COURT, DOVER.

*June 13th, 1934.*

There are 17 ladies and 3 gentlemen in residence here to-day. Two ladies had been given leave for the day and therefore I did not see them. Most of the patients are chronic cases but they seem to appreciate and respond in some measure to the delightful surroundings of Kearsney Court.

The rooms are kept in good order and the grounds look very beautiful at this season. I would have liked to see the patients take greater advantage of the facilities for such outdoor games as croquet and clock golf.

In one of the patient's bedrooms there was a large fire without a fire-guard. I would suggest that, as it seems necessary to have a fire throughout the year in this patient's bedroom the fireplace should be fitted with a locked guard.

I was unfortunate in visiting when Dr. Samuels had to go away; in his absence the charge nurse accompanied me around the house and grounds.

#### THE PRIORY, ROEHAMPTON.

*November 30th, 1934.*

Three ladies and 1 gentleman certified patients have been admitted since the last visit, 1 of the ladies having previously been here as a temporary patient. The same number of ladies and gentlemen have been discharged, 2 on recovery.

One lady and 1 gentleman have died from natural causes.

There were on the books to-day the names of 47 ladies and 39 gentlemen—2 of the former and 3 of the latter being voluntary patients. I have seen everyone—with the exception of 1 gentleman who was out—and found them for the most part happy and contented but sadly lacking in occupations, which I hope will soon be remedied on the lines laid down in the last report and which I understand are receiving attention.

I paid special attention to the recently admitted patients who are properly detained and I gave a private interview to 1 lady.

Nine ladies and 7 gentlemen attend Divine Service in the house, but none visit local churches.

Frequent drives are provided for 9 ladies and 8 gentlemen, whilst 5 of the former and 7 of the latter have walks beyond the grounds and 10 and 8 respectively attend associated entertainments.

#### WOODEND HOUSE, HAYES, MIDDLESEX.

*October 10th, 1934.*

The only change at this house since the last visit has been the discharge of 1 lady.

We have seen all the ladies at present in residence, numbering 12, with the exception of 1 lady who was out for a walk.

The house was in very good order and the patients seemed contented. They are living in comfortable surroundings and are well cared for.

WYKE HOUSE, ISLEWORTH.

*November 1st, 1934.*

At our visit to-day we found the names of 12 gentlemen and 15 ladies on the books and in residence: 2 ladies and 2 gentlemen are on the voluntary basis—there are no temporary patients.

One gentleman and 2 ladies have been admitted as certified patients and 1 lady voluntary patient has been admitted since the last visit: 3 certified patients of each sex have been discharged or transferred, 1 of each sex of the voluntary class and 1 lady temporary patient have been discharged, 5 on recovery out of the 9 discharges.

We have seen all the patients and satisfied ourselves that they are well cared for and very comfortably accommodated.

Such complaints as we received were the expressions of mental derangement.

We gave two private interviews and also interviewed the recently admitted certified patient, and find her properly detained. The house was in excellent order.

We were accompanied during our visit by Dr. Smith and Dr. Grace Watson, who has recently joined him as assistant medical officer.

## APPENDIX D.

## ENTRIES BY COMMISSIONERS AT PROVINCIAL LICENSED HOUSES.

## ASHBROOK HALL, HOLLINGTON, ST. LEONARDS-ON-SEA.

*August 29th, 1934.*

I have to-day paid the second visit of the year to this house on behalf of my Board and have seen and conversed with the 6 ladies in residence. With the exception of 1 lady who was in bed owing to a slight indisposition all the patients were in good health.

Since last visit there have been no changes of any kind to record. The house was in good order and the patients receive kindly care and were well looked after.

## ASHWOOD HOUSE, KINGSWINFORD.

*July 28th, 1934.*

Since last visit 3 patients have been admitted under certificate and are suitable to remain in that category. One patient has died and of those here at last visit 1 certified patient has been discharged and 1 voluntary patient has left.

There are now 26 patients in residence, all of whom I have seen. All the ladies were out of doors and those capable of appreciating it were enjoying the sunshine. A number of patients of both sexes spoke with much gratitude of the kindness they received here, and their friendly and happy relationship with Dr. and Mrs. Pietersen was very evident. The house generally and the bedrooms are well kept and the grounds open and attractive.

## BAILBROOK HOUSE, BATH.

*December 12th, 1934.*

There are to-day 24 patients residing in this licensed house, viz., 2 gentlemen, 22 ladies. One lady is a voluntary patient. The remainder of the patients are certified. I saw and spoke to each of these patients except 1 who was asleep and was satisfied that their certification and detention are proper.

The patients were placid and none complained. All were receiving due care. The house and grounds were in excellent order. I endorsed the licence.

Since last visit—March 16th, 1934—1 gentleman and 6 ladies have been admitted. The same gentleman, who was a voluntary patient has left. Three ladies who were voluntary patients have left; 1 of the ladies has been discharged and 2 have died. Health has been good and there has been no serious casualty. Decoration of some of the ground floor rooms is being carried out.

Dr. Gilfillan accompanied me throughout my visit, giving me ready information about each patient. An adequate nursing staff was in attendance on the patients.

## BISHOPSTONE HOUSE, BEDFORD.

*July 9th, 1934.*

No change having occurred amongst the residents in this house since the visit of my colleague last February, there remain the names of the same 10 ladies on the books and in residence to-day, 1 of whom is on a voluntary footing.

I have spoken to each lady and find them in receipt of kindly care and attention. There was nobody in bed and the general health is good.

I discussed the night supervision with Miss George and am of opinion that some efficient means is needed for this as no patient has any means

of making herself heard otherwise than by rapping on her locked door and depending on someone of the staff hearing her.

The house was very clean and tidy. Certain redecoration is required and will be taken in hand. I have signed the licence which was granted April 9th, 1934.

#### BRISLINGTON HOUSE, BRISTOL.

*September 25th, 1934.*

I have to-day paid the second visit of the year to this house on behalf of my Board and have found 67 patients in residence. One gentleman is on leave to hospital for an operation for cataract.

Five of the gentlemen and 14 of the ladies are voluntary patients and 1 lady is at present here on a temporary basis.

Since the last visit 2 ladies and 4 gentlemen have died, all from natural causes.

During my visit I saw all the patients in residence and was favourably impressed with the care and attention they were receiving. The day being a fine one, most of the patients were in the gardens, but I visited their quarters and found them in good repair and comfortable. I was satisfied that the patients in bed were being efficiently treated and nursed. The newly admitted certified patients are, in my opinion, properly detained.

I found the patients generally contented and was glad to see a number of the ladies doing embroidery and needlework. On investigating the only complaint I received, I was satisfied that it was due to the mental condition of the lady making it.

I gave a private interview to 1 gentleman.

The premises throughout were in very good order and the gardens and extensive grounds well kept.

The nursing staff under the Matron consists of 9 male and 28 female nurses, 9 of the latter being certificated or registered in mental nursing. Five of the women are employed on the gentlemen's side.

Dr. Fox is at present on holiday, but Dr. Rutherford accompanied me throughout my visit. In Dr. Fox's absence I was unable to discuss the question of additional fire exits, which is still receiving consideration.

#### COURT HALL, KENTON, EXETER.

*September 13th, 1934.*

Since last visit 1 lady has been discharged cured, and 1 admitted by transfer, who is properly detained.

I saw and spoke to all the patients in residence, the majority were in the open air enjoying the sunshine in the very pleasant garden. Seven of the patients are certified and 1 is on a voluntary basis.

The house was everywhere in the usual excellent condition, and the garden and grounds were bright with flowers.

The patients are very carefully supervised and most kindly treated. None of them had any complaint except regarding detention.

The nursing staff consists of 7 by day, and 2 by night.

#### FIDDINGTON HOUSE, MARKET LAVINGTON.

*December 18th, 1934.*

I have to-day paid the second visit of the year on behalf of my Board. Since last visit there have been the following changes :—

					Male.	Female.	Total.
Admitted—Voluntary	...	...	...	...	3	3	6
Certified	...	...	...	...	1	1	2
Departed—Voluntary	...	...	...	...	3	3	6
Discharged or transferred—Certified	...	...	...	...	1	4	5
Deaths—Voluntary	...	...	...	...	—	1	1

leaving in residence 7 gentlemen (3 voluntary and 4 certified) and 19 ladies (3 voluntary and 16 certified).

I saw all the patients with the exception of 3 gentlemen who were out for the day, all voluntary patients. I spoke to each one and gave particular attention to the new certified lady, who is, I consider, properly detained.

The patients were all happy and I had no real complaint except from one or two on account of detention.

I gave 3 private interviews. The voluntary patients were all suitable for that status.

The house was in good order, comfortably warm and neat and tidy everywhere.

I was pleased to see that some of the ladies were occupied in handicraft work, and hope that others will be induced to follow their examples.

Mr. Benson and Dr. Morcom Harneis kindly accompanied me round and supplied particulars about patients which I found most useful.

I am satisfied that the patients are kindly treated and well supervised.

#### GLENDOSIL, HENLEY-IN-ARDEN.

*July 6th, 1934.*

I was sorry to find that Dr. Agar was away on holiday when I arrived to-day. Dr. John Spence is temporarily in charge and from him and from the Matron I received all the information that I wanted.

There are now in residence 12 gentlemen, including 3 voluntary patients and 23 ladies, including 3 temporary and 2 voluntary patients. Since the last visit on March 20th, 3 certified lady patients and 3 temporary patients have been admitted and are still here, and 1 voluntary and 1 certified gentleman patient have also been admitted and remain.

I saw nearly all the ladies and gentlemen walking about or sitting in the gardens. They appeared to be happy and contented for the most part. The new patients appeared to me to be properly under care and control with one exception.

Divine Service is held every Sunday by Dr. Agar and the Vicar of Wootton Wawen alternately.

Proper toilet paper in the lavatories should be provided in place of old newspaper; such small matters as these mean much to many ladies and gentlemen.

Since the last visit 1 lady patient has died from natural causes.

A few (5) ladies were in bed but none of them seriously ill.

I was glad to see that some new gas brackets have been installed since the last visit.

The staff now consists of a matron and 4 female nurses and 1 female night nurse and 3 male nurses.

#### THE GRANGE, KIMBERWORTH, ROTHERHAM.

*August 28th, 1934.*

I have to-day made on behalf of the Board the second visit of the year to this house; there are 15 ladies—11 certified, 3 voluntary and 1 temporary in residence to-day.

Since the last visit of the Commissioners there have been 4 admissions—2 certified and 2 voluntary patients. During the same period, 1 certified patient has died and 6 have left, 2 of whom were certified and 4 were voluntary patients.

Considerable amount of redecoration of the rooms has been done recently; and on the first floor there has been some interchange of the private and patients' bedrooms. It seems to me the rearrangement effects an improvement and I found all parts of the house in good order.

On my arrival I met several of the patients accompanied by 2 nurses returning from their morning walk. I have spoken to each patient in residence, and I feel sure the patients receive much kindly care and attention.

GRETA BANK, KIRKBY LONSDALE.

*September 22nd, 1934.*

Since my visit in June last, 1 lady has been transferred to the County Mental Hospital at Lancaster. The remaining 7 names on the books are the same as on my last visit. One lady is away on leave, but I have seen the other 6, who were in the sitting-room before a comfortable fire.

New registers have been provided and are properly entered up.

Miss Perkin is away on holiday, but I have been taken round by Nurse Bradshaw.

The ladies are receiving proper care and attention and the house is maintained in good order.

I hear that Dr. Wootton was visiting here last week.

THE GROVE, CATTON, NORWICH.

*October 11th, 1934.*

I have to-day paid the second visit of the year to this house on behalf of my Board and have found everything in that excellent order which has always been an outstanding feature in the management.

There were 20 ladies in residence and on the books, including 6 voluntary patients, all of whom I have seen and spoken to. They are very well looked after by a large staff of nurses and companions, and everything is done for their care and comfort.

Since the last visit 1 certified patient has been transferred elsewhere and 2 voluntary patients have left on recovery, whilst 3 ladies have been received on a voluntary basis.

I have also had the opportunity of seeing the accommodation occupied by the staff, it is adequate and very comfortable and the hours of duty are very reasonable.

The staff consists of 12 for day duty and 7 for night, 1 of the 19 being certificated in mental nursing; also there are 3 lady companions.

The Grove has suffered an irreparable loss in the death of Miss Frances McLintock since our last visit. She was well known to my Board as a lady of many excellent qualities who never spared her efforts for the care and comfort of her patients, by whom she will be greatly missed, as well as by her sister, Miss Mary McLintock, who is carrying on the work and to whom our sympathy is extended.

THE GROVE HOUSE, CHURCH STRETTON.

*July 31st, 1934.*

I have to-day visited this house and have seen all the ladies who are now in residence and all who are on the books. Of the 29 ladies, 1 is on a temporary and 2 are on a voluntary footing.

I found the house in good order and the patients in receipt of proper care and attention. Since the last visit 2 new patients have been admitted and still remain here. In my opinion, they are quite properly under care and control, but 1 of them has much improved here. I gave a private interview to a voluntary patient.

There has been 1 death since my colleague and I visited in March.

Divine Service is held usually on 2 Sundays in the month, the vicar of the parish officiating.

The nursing staff consists of 15 nurses and a companion, of whom 3 nurses are detailed for night duty. Two nurses are certificated.

HAYDOCK LODGE, NEWTON-LE-WILLOWS.

*November 1st, 1934.*

I visited Haydock Lodge to-day. There were the names of 141 patients on the books, 64 gentlemen and 77 ladies. Two ladies were absent "on trial," and the remainder were in residence. They were classified as follows: voluntary, 19 ladies and 19 gentlemen; certified, 56 ladies and

45 gentlemen. Since the last visit, on April 13th, 1934, there have been 5 deaths, all of which were due to natural causes.

I saw all patients, and spoke to all who wished to speak to me. I gave 4 private interviews. I found all the patients under detention properly so detained, and the voluntary patients, so far as I could ascertain, were eligible for their status here.

Apart from being detained, no complaints were made to me by any of the patients. They were comfortable, and in receipt of proper care. The day rooms, dormitories and single rooms were clean and well kept. The house is well maintained, and a sufficient nursing staff was present.

Doctor Wootton was away, not being very well. Doctor May was in charge, and Doctor Aveling was assisting him.

A new bathroom, with lavatory basins and w.c., has been completed on the male side. The work has been well executed. A similar addition is being made on the female side.

My visit satisfied me that the house is very well conducted.

HEIGHAM HALL, NORWICH.

October 12th, 1934.

I have completed the second visit of inspection from my Board to-day and have found the premises and grounds in good order, and the conditions under which the patients are residing at Heigham Hall to be quite satisfactory.

Since the last visit the following changes have occurred :—

					Male.	Female.	Total.
Admissions—	Voluntary	...	...	...	7	6	13
	Temporary	...	...	...	1	—	1
	Certified	...	...	...	3	2	5
Departures—	Voluntary	...	...	...	6	5	11
Discharges and Transfers—	Temporary	...	...	...	1	—	1
	Certified	...	...	...	—	2	2
Deaths—	Certified	...	...	...	1	—	1

These changes leave the names of 15 gentlemen and 33 ladies on the books to-day which, with 2 ladies away on trial, leaves 15 gentlemen (3 being voluntary patients) and 31 ladies (1 a voluntary patient) in residence.

I have seen everybody, with the exception of 1 gentleman who was out walking and received no complaints except on the score of detention. One gentleman was given a private interview.

A few—mostly senile patients—were in bed and I am satisfied that they were receiving good care and attention.

KINGSDOWN HOUSE, BOX.

December 13th, 1934.

Making the second visit on behalf of the Board of Control to-day I found 20 ladies in this licensed house and the names of 21 on the books, 18 of whom are certified and 3 are voluntary patients : 1 of the former was absent on leave.

Since last visit 3 patients have died, death in each case being due to natural causes.

There is only 1 lady in residence now who was not here at last visit ; the other patient admitted since then being on leave.

There were 2 ladies in bed, 1 up and in her room and the remainder were in three of the day rooms.

The rooms in occupation were comfortably warm, but the house in general, much of which is but little used, apparently, was chilly.

There is considerable scope for improvement in the way books are

kept and the writing is difficult to interpret. Dr. MacBryan was absent and not expected to return until the next day.

Dr. Joseph P. Westrup, who was here assisting earlier in the year and has been in residence since July 9th, is assistant medical officer. He gave me all the attention and information required.

The patients are correctly detained and classified. They are receiving the care and control they are in need of.

LAVERSTOCK HOUSE, SALISBURY.

*November 22nd, 1934.*

Visiting this house to-day I have found 25 gentlemen and 40 ladies in residence. Of these, 5 gentlemen and 9 ladies are on a voluntary basis, 2 ladies are here as temporary patients and the remainder are under certificates. In addition, 1 gentleman is out on long leave, giving a total of 66 on the books.

With the exception of 3 gentlemen and 1 lady who were out for the day, I have seen and spoken to all the patients in residence. I gave 1 private interview and paid particular attention to all newly admitted patients. I considered those under certificates rightly detained.

Since last visit 39 new patients have been admitted (9 gentlemen and 30 ladies) and 24 patients (6 gentlemen and 18 ladies) have been discharged and 2 ladies have been transferred to other care. There have been 8 deaths, 4 of each sex. In each case death was due to natural causes.

The house was in good order and comfortably warmed. A considerable amount of decoration has been carried out recently on the gentlemen's side.

The patients appeared to be comfortable and were in receipt of kindly and careful nursing care and attention. I was glad to find that so many of the ladies were busily engaged upon embroidery and needlework. Occupation classes are now held regularly and are increasing the interest taken by the patients in these pursuits.

LITTLETON HALL, BRENTWOOD.

*October 8th, 1934.*

To-day I visited this house on behalf of the Board of Control, and saw all the 21 ladies in residence with the exception of 1 absent on leave, and 1 out for a walk.

The majority of the ladies were out in the garden enjoying the sunshine. None had any complaint to make, and all appeared happy and contented. There were 7 in bed, all of whom showed evidence of careful nursing and attention.

Since last visit, on February 25th, 1934, 6 ladies have been admitted (2 voluntary and 4 certified) and 5 discharged (2 voluntary and 3 certified) and 2 died (both certified) from natural causes, leaving in residence 21 (3 voluntary and 18 certified).

The house and garden was everywhere in excellent order. The nursing staff is the same as at the last visit.

I was pleased to know that Dr. Haynes had made a good recovery following his operation. He kindly accompanied me round, and supplied all necessary information regarding the patients.

MALLING PLACE, MAIDSTONE.

*December 17th, 1934.*

Considerable progress has been made recently in developing occupation therapy at this house. In the autumn the services of Miss Price, the occupational organizer of the Central Association of Mental Welfare, were secured for a month. She organized a central class for the better patients. This class is held each morning in a room which formerly was a dormitory, and it is well suited to this purpose. At present 15 patients

attend the class. The occupations are most varied and allow considerable choice to meet the interests of individual patients. In the afternoon another class meets in the cottage dining-room, and this is attended by the less capable patients and those not sufficiently recovered to benefit from attendance at the morning class. The handicrafts practised at the afternoon class are of the simple kindergarten kind ; but much of the time very rightly is given to teaching country dances and physical exercises. Both classes are under the direction of Nurse Loader, who has the assistance of 2 or more nurses. One indication of the foresight and thoroughness with which the occupation therapy is being organized is the arrangement made for 5 nurses to have leave to attend one day each week handicraft classes at the Technical School, Maidstone. The medical and nursing staff are to be congratulated upon the progress they have made with this important branch of work in such a comparatively short time. The chief structural improvements effected since the Commissioners' last visit are (1) the installing of radiators in most of the bedrooms, and of an additional central heating boiler, and (2) the installing of bell pushes in all the rooms with a central indicator of the hospital type.

To-day there are 36 patients, 31 ladies and 5 gentlemen, in residence. Since the last visit 12 patients have been admitted and 14 discharged.

Recently, a lady who is a voluntary patient fell when out on parole and sustained a fracture of the right arm and also of the right leg.

All the rooms were in very good order and it is obvious the closest attention is given to ensuring conditions that will make the patients happy and contented.

#### MIDDLETON HALL, MIDDLETON ST. GEORGE, CO. DURHAM.

*November 23rd, 1934.*

There are to-day 39 ladies and 18 gentlemen in residence, as well as 2 gentlemen away on trial whose names are on the books. Two ladies are temporary and 4 ladies and 8 gentlemen are voluntary patients. I am reporting to my Board on the case of one of the ladies who is a voluntary patient.

Two gentlemen, 1 a voluntary patient and the other temporary, as well as 1 lady, a certified patient, have died, all of natural causes.

During my visit I have spoken to all the patients who seem to be carefully nursed and very thoroughly overhauled as to their mental and physical state. If some arrangements could be made to secure some simple but interesting handwork for those patients who themselves show no initiative in this direction, their value would, I am sure, presently be much appreciated.

The addition of some wall decorations in the quarters on the east side of the house would make them more homely.

The staff consists of the same numbers as recorded in the entry in May, 7 in all being certificated.

#### THE MOAT HOUSE, TAMWORTH.

*July 19th, 1934.*

There have been no changes at this house since my colleague and I visited on March 15th last.

I have seen the 2 ladies who are now in residence and have found them in receipt of proper care and attention, free from complaints and apparently happy and contented.

#### NORTHWOODS HOUSE, WINTERBOURNE, BRISTOL.

*September 26th, 1934.*

Visiting Northwoods House to-day I found 9 gentlemen and 33 ladies in residence, all of whom I have seen with the exception of 1 lady who was out for the day. One gentleman is at present on leave,

Patients admitted since the last visit and still in residence comprise 1 gentleman and 4 ladies as voluntary patients, 3 ladies under certificates and 3 as temporary patients. I am satisfied they may suitably remain in the categories in which they are placed.

There have been no serious casualties since the last visit; 1 patient has died from natural causes at the advanced age of 73.

During my visit I found the patients well behaved and apparently contented and no complaint of any sort was made to me. The house generally was in very fair order and the sitting-rooms comfortable. I was glad to see a large number of the ladies engaged in fancy needlework of various kinds. The patients' gardens here are pleasing and well kept. The installation of electric light has been completed. This morning there were on duty 3 female nurses on the male side and 6 on the female side; 2 of the latter are certificated. The night staff consists of 3 nurses—1 for each side and a certificated nurse as patrol.

There were only 2 patients in bed this morning, both ladies. I gathered that the work relating to second exits in case of fire is proceeding. I was sorry to miss Dr. Cates. In his absence Dr. Rayner accompanied me on my tour and kindly gave me any information I required.

#### THE OLD MANOR, SALISBURY.

*November 20th, 1934.*

We have to-day and yesterday paid the second visit of the year to The Old Manor and we have seen and spoken to all the patients in residence and we have given 16 private interviews. There are at present 361 gentlemen and 237 ladies in residence, 19 of the former are on a voluntary basis, and of the latter 39 are voluntary and 5 are temporary patients. In addition to these numbers 10 gentlemen and 19 ladies are on leave at Hume Towers and 1 lady is on leave elsewhere. This gives a total on the statutory books of 628 patients.

Since last visit there have been 87 admissions—32 gentlemen (22 of whom were admitted as voluntary and 10 as certified patients) and 55 ladies (27 of whom were admitted as voluntary, 6 as temporary and 22 as certified patients). We have paid particular attention to these patients and consider those under certificates rightly detained. Fifty-two patients have been discharged, of whom 12 had recovered, and 23 patients have been transferred to other care. Seven gentlemen and 11 ladies have died, all from natural causes, during the same period and there has been 1 serious but non-fatal casualty—that of a lady who fell out of bed and sustained a simple fracture of the left ulna.

One hundred and sixty gentlemen and 170 ladies are usefully employed and we were very pleased to notice the good progress being made here in occupational treatment. We were particularly pleased with a weaving loom which has been constructed by the patients themselves and is now being used for tweed weaving. An even larger proportion of the patients attend the associated entertainments and are very appreciative of the new talking film apparatus which has recently been installed. Weekly performances are given.

In our tour of the hospital we were pleased by the evidence we saw of the kindly treatment received by the patients. Those in bed were being properly nursed. Many of the patients of both sexes expressed their gratitude for what is being done for them.

The house was in good order and suitably warmed for the time of year. We thought the lighting might be improved in some of the day rooms.

The nursing staff consists on the male side of 61 male and 9 female nurses, and on the female side of 84 female nurses. Nineteen male and 10 female nurses have over 5 years' service and 23 male and 19 female nurses are certificated or registered as mental nurses. Nine men and 10 women have passed the preliminary examination.

We have duly endorsed the licence, which was renewed at the April Quarter Sessions.

We cannot bring this report to a close without referring to the sad loss which has been sustained by The Old Manor in the death of Sir Cecil Chubb, who was for so many years associated with the work of the hospital as one of the Directors, and who devoted much of his time to its welfare.

#### HUME TOWERS, BOURNEMOUTH.

*November 21st, 1934.*

This afternoon I paid a visit on behalf of the Board of Control.

I saw all the patients in residence, numbering 30, and spoke to each one. Without exception they told me how comfortable and happy they were.

The number is made up as follows :—

							Male.	Female.	Total.
Voluntary	...	...	...	...	...	...	3	4	7
Temporary	...	...	...	...	...	...	1	1	2
Certified	...	...	...	...	...	...	8	13	21

I made a complete tour of Hume Towers, Warren House, Leven House and the Cottage during my visit and found excellent order everywhere ; the rooms were all comfortably heated, and the bedrooms well ventilated. I am reporting to the Board regarding 1 temporary patient. I gave 4 private interviews.

The Matron kindly accompanied me round and supplied information about the patients which I found most helpful. She has a staff of 10 nurses, 7 day and 3 night, at Hume Towers, whilst on the gentlemen's side there are 6 nurses and 4 attendants, of whom 1 nurse and 1 attendant are on night duty. One gentleman has a personal servant in attendance.

The majority of the patients are allowed much liberty, which they enjoy and do not abuse.

I am satisfied that the patients are in receipt of proper care and kindly attention, all looked well and were suitably dressed.

#### PERITEAU HOUSE, WINCHELSEA.

*December 6th, 1934.*

Since the visit of my colleague a voluntary patient has left and no fresh admissions have occurred. Four ladies are now in residence, 2 of whom were in bed at the time of my visit, but expected to be up later in the day ; they were all in very comfortable surroundings and clearly in receipt of careful and considerate attention.

A bath thermometer should be provided.

At present Mrs. Baird is assisted by 2 nurses, 1 of whom holds a certificate in mental nursing.

#### PLYMPTON HOUSE, PLYMPTON.

*September 14th, 1934.*

Since the last visit 1 gentleman was admitted as a voluntary patient, and has been discharged. There are in residence 4 ladies and 3 gentlemen, in the same status as at last visit.

I called during the afternoon and saw all the patients except 1 lady and 1 gentleman, who were out for the day. The patients showed evidence of careful nursing and kindly attention.

The nursing staff consists of the Matron and 3 female nurses, of whom 1 is on duty at night : and 1 male nurse during the day, who sleeps in the dormitory at night.

I was informed that the Sisters from St. George's Retreat, Burgess Hill, have acquired this house, and wish to retain the female patients. Arrangements are being made for the transfer of the gentlemen.

Dr. Legassick and the Matron kindly accompanied me round and supplied useful information about the patients. I also saw the Mother Superior from St. George's, and explained to her the necessity of communicating with the Board about the proposed change.

THE RETREAT, FAIRFORD, GLOS.

*August 14th, 1934.*

Visiting this house to-day I found the names of 8 gentlemen and 31 ladies on the books, of whom 2 gentlemen and 8 ladies are voluntary patients and the remainder are certified.

One of the certified ladies was away on leave for a few days.

Since the last visit 1 gentleman and 3 ladies have been admitted as voluntary patients, 1 gentleman has been transferred to other care and another has died from natural causes. No temporary patients have been received.

I spoke to everyone and received no complaints except such as arose out of mental condition, and I found all in receipt of kindly care and attention, the majority were in the grounds.

One lady, a voluntary patient, was in bed very ill; there was no other illness in the house.

The premises generally were in excellent condition, the beds comfortable and well made and the rooms in very good order. I noticed that the back bedroom on the ladies' side has no second exit.

The staff consists of a matron and 2 doubly-trained nurses, 1 of whom takes night duty, with 4 other female nurses for the ladies; a head attendant and 2 other male nurses, 1 being for night duty, for the gentlemen.

I discussed the male staff with Dr. Charles King-Turner in respect to time off, which allowed of only one being on duty at certain periods, and have suggested that a garden attendant shall be appointed, so that there shall always be 2 attendants on duty. Also I think an emergency bell should be installed on the male side, there is a telephone from the ladies' accommodation.

Both Dr. King-Turner and his son accompanied me during my visit. I have signed the licence granted April 10th, 1934.

ST. GEORGE'S RETREAT, BURGESS HILL, SUSSEX.

*October 11th, 1934.*

We have to-day paid the second visit of the year on behalf of the Board to this licensed house, and seen all the ladies in residence. We found them receiving every kindly care and attention amid comfortable surroundings. Since the last visit of one of us there have been admitted 5 ladies as voluntary patients, 1 on a temporary basis, and 2 on reception orders. Three voluntary patients have left, 1 certified patient has been transferred elsewhere, 1 discharged, and 2 have died from natural causes. These changes leave on the books the names of 75 ladies, the number for whom the house is licensed. Twelve ladies are on a voluntary footing, 1 is a temporary patient, and the remainder on reception orders. Two ladies are away from the house on leave of absence, 1 of whom we have seen. The health of the establishment has been very good throughout the summer, and those whom we found in bed to-day were there mainly for rest.

The house and grounds are maintained in their usual excellent condition. One gallery, St. Austin's, has recently been redecorated, and the walls panelled in oak with very pleasing effect. We have signed the licence which was issued at the mid-summer Quarter Sessions.

We have been accompanied throughout our visit by Dr. Todd and the Reverend Mother, Sister Annie Keane, who has assumed that office this year.

## SHAFTESBURY HOUSE, FORMBY.

*April 14th, 1934.*

We have to-day paid the first visit of the year on behalf of our Board to this house, and accompanied by Dr. Erskine have been through all parts of it, and seen the ladies and gentlemen residing here for treatment, on account of their mental condition.

During last year 6 gentlemen and 16 ladies were admitted, 5 of the former and 2 of the latter being on a voluntary basis. Four gentlemen and 12 ladies left or were discharged and 1 lady died.

Since the commencement of this year 1 gentleman and 7 ladies have been admitted, the gentleman and 2 of the ladies as voluntary patients, 1 lady as a temporary patient, and 4 ladies on reception orders. Three ladies have been discharged, 1 gentleman and 2 ladies have died, all from natural causes. There are on the books to-day the names of 9 gentlemen, and 30 ladies, 3 of the former and 5 of the latter as voluntary patients, and 1 lady as a temporary patient. All are in residence, and there is only 1 vacancy.

We found the patients in receipt of proper care and of medical and nursing attention amidst bright and pleasant surroundings.

We were very pleased to see some excellent handicraft and needlework being carried on in the ladies' division.

All parts of the house are maintained in very good order, and there was a good supply of plants and flowers to brighten up the rooms.

Divine Service on Sundays is usually attended by 2 of the gentlemen and 20 ladies, and the associated entertainments by 2 gentlemen and 14 ladies.

The nursing staff consists of 4 male and 12 female nurses, 2 of the latter are certificated or registered in mental nursing.

We have endorsed the licence, which was granted in October last.

## SPRINGFIELD HOUSE, BEDFORD.

*July 9th, 1934.*

I have to-day seen all the ladies and gentlemen in residence and found them as happy and contented as their varying mental conditions will allow. Most of the gentlemen occupy themselves with gardening and many of the ladies are usually employed with needlework, etc., but to-day occupation amongst the latter was conspicuous by its absence.

I discussed the question of organized occupation therapy with Dr. Bower and believe that he may be able to arrive at a solution without the introduction of a whole-time therapist. Apart from this, I am sure that everyone receives very kindly care and treatment.

The general health is good and no one was in bed for physical reasons. The house was in excellent order and the grounds were looking very gay and well-kept.

Three ladies—1 a voluntary patient—and 2 gentlemen have been admitted since the last visit and 1 gentleman and the above-mentioned voluntary patient have died from natural causes.

These changes leave on the books the names of 11 gentlemen and 28 ladies certified, 1 lady temporary and 3 lady voluntary patients. One lady was on leave and has not been seen.

Miss Hookey, the matron, has resigned owing to ill-health, and Miss Kerr, who is doubly trained, will be taking up her duties next month.

## STRETTON HOUSE, CHURCH STRETTON.

*July 31st, 1934.*

I have to-day seen all the patients who are on the books at this house, 22 in number. Of these 16 are certified, 1 is a temporary and 5 are voluntary patients. The staff consists of a matron and 12 male nurses.

Many of the patients were in the garden to-day, which was looking

most bright and attractive. The new patients are, in my opinion, properly under care and control. The few patients who were in bed were in receipt of proper nursing care and medical attention. Since my last visit here with a colleague there has been 1 death from natural causes.

Divine Service is held here every Sunday by the vicar of the parish or someone appointed by him, and about 12 patients usually attend. The Roman Catholic Priest also visits when required. I gave 1 private interview.

#### TICEHURST HOUSE, TICEHURST.

*December 4th, 1934.*

During my visit to-day I have seen the 31 gentlemen and 43 ladies now resident, of whom 5 of the former and 6 of the latter are voluntary patients. I have also visited 1 gentleman living at "Broomden" and a lady at "The Ridgeway." Another lady is on leave elsewhere. Seven gentlemen and 5 ladies are at present on leave at "Westcliffe," St. Leonards. The total number on the statutory books is thus 89. Twenty of the resident patients enjoy parole and many are accommodated in private sitting-rooms and provided with independent wireless receiving sets as well as various other means of recreation. Rugmaking is practised in various sections of the establishment by both ladies and gentlemen and much embroidery is done by the ladies. The question of the extension of occupations is engaging the attention of Dr. McDowall. Since the last visit in May, 1 lady and 1 gentleman have died, both from internal causes. I have given particular attention to the cases of the newly admitted patients who are still here of the 14 admissions since the last visit and have no suggestions to make regarding the alteration of their status. The details of this number are:—

							Male.	Female.	Total.
Certified	...	...	...	...	...	...	1	5	6
Temporary	...	...	...	...	...	...	1	1	2
Voluntary	...	...	...	...	...	...	2	4	6

The day being very inclement the patients were indoors in very comfortable and well-warmed rooms.

From my observations I am sure their nursing and care are of a high standard and the personal consideration, given to their wishes, of considerable value to their happiness. The number of nurses is 124, of whom 25 are on night duty: 3 women nurses are employed in the gentlemen's sections. Thirty nurses (including 4 male nurses) are certified or registered in mental training and 3 of the lady superintendents are trained also in general nursing. One lady escaped in October.

#### WESTCLIFFE, ST. LEONARDS-ON-SEA.

*May 16th, 1934.*

During my visit this afternoon I have seen the 6 ladies and 6 gentlemen who are in residence here, with the exception of 1 lady who was out for the afternoon attending a cinema. One lady was in bed.

The rooms were comfortable and properly warmed this cold and boisterous day.

The wireless apparatus on the gentlemen's side seemed to be in need of some repair.

The present staff of nurses consists of 6 for day duty on the gentlemen's side, and 4 on the ladies' side, and 1 on each side for night duty.

## TUE BROOK VILLA, LIVERPOOL.

*November 2nd, 1934.*

On visiting Tue Brook Villa to-day I found the names of 41 patients on the books. They were classified as follows :—

							Male.	Female.	Total.
Voluntary	...	...	...	...	...	...	4	4	8
Certified	...	...	...	...	...	...	18	15	33
Total							22	19	41

All were in residence save 1 gentleman who was absent on leave.

Since last visit there have been 5 deaths. Of these deaths four of the patients were over 70 years of age and 3 had been recently admitted. All deaths were due to natural causes.

I saw all the patients and found them comfortable and receiving proper care. Many of the ladies were sewing or reading. The gentlemen were out in the gardens taking exercise. Most of the patients are elderly and there are very few who are in their twenties.

The house was in good order and comfortably warmed throughout.

I understand that Tue Brook Villa will cease to be used as a mental home at the close of February, 1935.

## WYE HOUSE, BUXTON.

*November 21st, 1934.*

Since the last visit by two of my colleagues, 1 gentleman has been admitted as a voluntary patient and 1 under certificate. On the female side 1 voluntary patient, 1 certified patient and 1 temporary patient have been admitted. One lady who came here as a temporary patient has been transferred to a voluntary status. Two female patients have died from natural causes.

There are now in residence 6 gentlemen and 10 ladies, 1 gentleman and 3 ladies being on a voluntary footing, and 1 lady as a temporary patient. With the exception of 1 gentleman who was out for the morning I have seen all the patients and spoken to each one.

In the cases of 1 female and 1 male patient I consider that more attention and supervision is needed from the nursing staff in the matter of personal hygiene. I noticed that the electric radiators on the female side have been protected as recommended by colleagues at the last visit. I visited the laundry and also the garden where some of the gentlemen do a little work.

I gave 2 private interviews. All the patients seemed to be contented, with the exception of 1 lady who asked for her discharge.

## APPENDIX E.

## ENTRY BY COMMISSIONERS AT THE MAUDSLEY HOSPITAL.

*(An institution maintained by the London County Council for the reception of voluntary patients.)*

*December 6th, 1934.*

We visited this hospital to-day on behalf of our Board and were fortunate to secure an opportunity of discussing with the Medical Superintendent, Dr. Mapother, the various developments arising out of the increasing use of this hospital made by the public of London. The importance of the Maudsley Hospital as a centre for the early treatment of patients suffering from mental and nervous disorders is a compliment to the ability and keenness of the staff, who specialise in this branch of medical science. As from April 1st, 1934, the establishment has been as follows: 1 medical superintendent, 1 deputy medical superintendent, 1 first assistant medical officer, 3 second assistant medical officers, 3 assistant medical officers. There is also a temporary assistant medical officer in respect of Pantia Ralli ward at King's College Hospital. There are 4 part-time assistant medical officers, 1 in charge of the children's out-patient department and 3 concerned with the treatment of adult out-patients.

The number of social workers as from the next financial year will be increased to 6, 4 being paid by the council and 2, who are concerned mainly with teaching and research, out of funds provided from other sources.

The recognition of the Maudsley Hospital as a school of the University of London has hitherto been provisional, pending certain assurances to be given by the Council as a condition of more permanent recognition. We are informed that the giving of these assurances has recently been approved by the Council. Important as teaching of special medical subjects has become at this hospital, we feel sure that the Maudsley may become also an important training centre for nurses and for those who are concerned with such special treatment as occupation therapy. We hope that the Council will be disposed to undertake some pioneer work in this direction. There is a period of experiment in the training of occupation therapists and we feel sure that any doubt as to the best way of proceeding with it will not be allowed to delay progress.

The structural developments are designed to give better facilities for certain forms of work and treatment and to increase the actual number of beds available for patients. During the year the nurses have been transferred from their former home to temporary quarters provided by the adaptation of Nos. 99, 101 and 103, Denmark Hill. The former nurses' home has been demolished and on this site a new building is being erected as an extension of the hospital, comprising a new out-patient department and various departments for occupational and physical therapy. It may be possible also to include in this extension dining-rooms for medical and other classes of staff. We were informed that preliminary plans have been made for a special out-patient department and wards for children, for a detached unit to accommodate 30 private patients of either sex, and for a permanent nurses' home.

During our visit we saw that work is in progress for the enlargement of the bridge verandahs connecting wards 3 and 6 on the first floor. Now that reliance upon the use of green paint on the glass verandah roofs as a protection from heat in the summer time is being abandoned in favour of roller blinds, we hope that effort will be made to cleanse the glass from the remains of the paint. With the dust from the atmosphere it has an unpleasantly darkening effect. Although in the wards generally we found everything satisfactory, it may be that when re-decoration takes place some regard will be had for modern ideas in room decoration. Bright coloured paint, if tastefully and tactfully applied, increases the amount

of light diffused through rooms and adds, we think, an important factor of brightness and cheeriness both in the rooms occupied by day and by night.

The treatment of out-patients is an important part of the work of this hospital; when the new departments are provided, the present out-patients' rooms are to be adapted for teaching purposes and for an extension to the laboratories. At occasional visits to general hospitals and when passing through their out-patient departments, we have been struck with the general drabness of the surroundings and the lack of occupation while waiting to see the doctor: absence, for instance, of illustrated papers or a writing table. To sit in two or three rows of chairs facing each other must in any circumstances, be trying to the patients; when those waiting are cases of mental illness the strain will be the greater. It, therefore, occurred to us that, when the new out-patients rooms are built, it may be found possible to obviate such defects at the Maudsley Hospital and to find means of distraction for nervous and anxious patients who unavoidably have to wait their turn for attention.

It is with much satisfaction we learn that the lease of the Pantia Ralli ward in King's College Hospital had at our visit just been renewed for a third year.

It has been agreed by the Council that from April 1st, 1935, the ordinary weekly charge for private rooms for ladies shall be fixed at £5. This is also the charge made for the admission of out-county patients to the ordinary wards and to those patients who can afford payment in full.

The number of patients on the books of the hospital to-day is 215, 86 men and 129 women. Of these 21 men and 18 women are private patients. All the patients on the books are resident in the hospital. There were a few vacant beds; 11 in the male wards and 16 in the female wards. The mortality rate per cent. for the year ending December 31, 1933, was 7.39. We see that Schilders Disease was a main or contributory cause of death in 2 cases. Apart from 1 case of chicken-pox there has been no epidemic of cases of zymotic disease since our last visit.

The present staff of nurses of men and women is shown according to grade :—

	Male.	Female.	Total.
Sisters ... ..	—	6	6
Masseuses ... ..	—	2	2
Nursing sisters...	—	24	24
Staff nurses ... ..	11	13	24
Probationer nurses ... ..	6	26	32
Of total female nurses, number employed on male side ... ..	—	22	22
Nurses (M. and F.) certificated or registered as mental nurses ... ..	11	43	54
Number who have passed preliminary examination only ... ..	6	13	19

Our visit has afforded us much interest and we have been impressed by the variety and scope of the work in progress.





Hereford C. and Hereford B.	...	Burghill, Hereford	...	G. W. T. H. Fleming, L.R.C.P., D.P.M.	E. G. Abel, The Mental Hospital.
Herts	...	Hill End, St. Albans	...	W. J. T. Kimber, L.R.C.P., D.P.M.	P. E. Longmore, Clerk of the Peace, Hertford.
Kent and Gravesend B.	...	Barming Heath, Maidstone	...	A. C. Hancock, M.C., M.B., D.P.M.	P. Bracher, † 44, Earl Street, Maidstone.
"	...	Chartham, Canterbury	...	Lt.-Col. M. A. Collins, O.B.E., M.D.	J. G. Pembroke, † Burgate Street, Canterbury.
Lancaster C., all the County Boroughs and Stockport C.B. (part).	...	Lancaster Moor	...	R. P. Sепhton, L.R.C.P.	Allan Sewart, 49, North Road, Lancaster.
"	"	Rainhill, Lanes.	...	E. F. Reeve, M.B.	T. Garner, 49, Corporation Street, St. Helens.
"	"	Prestwich, Manchester	...	J. Gifford, M.B., D.P.M.	Sir Geo. Etherton, † County Offices, Preston.
"	"	Whittingham, Preston	...	A. R. Grant, M.D.	L. Cotman, 8, Lune Street, Preston.
"	"	Winwick, Warrington	...	F. M. Rodgers, O.B.E., M.D., D.P.H.	F. W. Uncles, The Mental Hospital.
Leicester C. and Rutland	...	Narborough, Leicester	...	K. K. Drury, M.C., M.D.	C. E. J. Freer, 10, New Street, Leicester.
Lincoln (Lindsey and Holland), Grimsby C.B. and Lincoln C.B.	...	Bracebridge, Lincoln	...	J. Macarthur, L.R.C.P., D.P.M.	H. E. Page, Bank Street, Lincoln.
Lincoln (Kesteven), Soke of Peterborough, and Grantham B.	...	Rauceby, Sleaford	...	N. K. Henderson, M.B., D.P.M., LL.B.	W. T. Phipps, County Offices, Sleaford.
London C.	...	Banstead Downs, Sutton	...	A. A. W. Petrie, M.D., F.R.C.P., F.R.C.S.E., D.P.M.	R. H. Curtis, Chief Officer, Mental Hospitals Dept., Shell-Mex House, Strand, W.C.2.
"	...	Bexley, Kent	...	Geoffrey Clarke, M.D.	Ditto ditto.
"	...	Cane Hill, Coulsdon, Surrey	...	G. A. Lilly, M.C., M.D., D.P.M.	Ditto ditto.
"	...	Claybury, Woodford Bridge, Woodford Green.	...	Guy F. Barham, M.D.	Ditto ditto.
"	...	Colney Hatch, New Southgate, N.11.	...	John Brander, M.D., M.R.C.P., D.P.M.	Ditto ditto.
"	...	Ewell, Epsom	...	L. H. Wootton, M.C., M.B., D.P.M....	Ditto ditto.
"	...	Hanwell, Southall, Middlesex	...	A. W. Daniel, M.D.	Ditto ditto.
"	...	Horton, Epsom	...	W. D. Nicol, M.B., M.R.C.P., D.P.M.	Ditto ditto.
"	...	Long Grove, Epsom	...	F. G. L. Barnes, M.B., D.P.M.	Ditto ditto.
"	...	West Park, Epsom	...	N. Roberts, O.B.E., M.D., D.P.M.	Ditto ditto.
"	...	Springfield, Beecherof Road, Tooting, S.W.17.	...	Reginald Worth, O.B.E., M.B.	H. S. Freeman, § Clarence Street, Staines.
Middlesex	...	Napsbury, St. Albans	...	A. O'Neill, O.B.E., L.R.C.P. ...	C. W. Radcliffe, § Guildhall, Westminster, S.W.1.
"	...	Shenley, St. Albans	...	G. W. Shore, O.B.E., M.D., D.P.M. ...	Ditto ditto.
Monmouth	...	Abergavenny	...	N. R. Phillips, M.D....	A. F. T. Stewart, The Mental Hospital.
Norfolk	...	Thorpe, Norwich	...	O. G. Connell, M.C., L.R.C.P.	J. Middleton, M.B.E., The Mental Hospital.
Northampton C.	...	Berrywood, Northampton	...	E. D. T. Hayes, M.D., D.P.M.	Major C.A. Markham, 1, Guildhall Rd., Northampton
Northumberland and Tynemouth C.B....	...	Cottingham, Morpeth	...	G. R. East, M.D.	Henry D. Irwin, 10, Ellison Place, Newcastle-upon-Tyne.
Notts C.	...	Radcliffe-on-Trent, Nottingham.	...	H. C. Waldo, L.R.C.P.	A. V. Simpson, The Mental Hospital.

† Clerks to the respective Sub-Committees. Clerk to the Kent Mental Hospitals Committee: H. J. Bracher. § Clerks to the respective Sub-Committees. Clerk to the Middlesex Mental Hospitals Committee: H. S. Freeman.

‡ Also Clerk to the Lancashire Mental Hospitals Board.

\* Clerks to the respective Committees. Clerk to the Hampshire Joint Committee: F. V. Barber, The Castle, Winchester.



Brighton ...	...	...	...	Haywards Heath, Sussex	G. H. Harper-Smith, M.D.	...	Jas. H. Rothwell, C.B.E., Town Hall, Brighton.
Bristol ...	...	...	...	Fishponds, Bristol	E. B. C. White, L.B.C.P.	...	J. Green, The Council House, Bristol.
Canterbury	...	...	...	St. Martin's Hill, Canterbury.	F. L. Scott, L.R.C.P., D.P.M.	...	G. W. Marks, Town Hall, Canterbury.
Cardiff	...	...	...	Whitchurch, Glamorgan	P. K. McCowan, M.D., F.R.C.P., D.P.M.	...	D. K. Rees, The City Hall, Cardiff.
Croydon	...	...	...	Warlingham, Whyteleafe, Surrey	T. P. Rees, M.D., M.R.C.P., D.P.M.	...	J. M. Newnham, Town Hall, Croydon.
Derby	...	...	...	Rowditch, Derby	John Bain, M.B.	...	G. T. Lee, Town Hall, Derby.
Exeter	...	...	...	Digbys, Topsham	D. McK. Reid, M.D., F.R.F.P.S.	...	C. J. Newman, Town Clerk's Office, Exeter.
Gateshead	...	...	...	Stannington, Newcastle-upon-Tyne.	C. B. Bamford, M.D., M.R.C.P., D.P.M.	...	J. W. Porter, Town Hall, Gateshead.
Hull	...	...	...	De la Pole, Willerby, Hull	J. S. Anderson, L.R.C.P.	...	A. Pickard, Guildhall, Hull.
Ipswich	...	...	...	Ipswich	P. Banbury, L.R.C.P., D.P.M.	...	A. Moffat, Town Hall, Ipswich.
Leicester	...	...	...	Humberstone, Leicester	Lt.-Col. J. F. Dixon, M.D.	...	H. A. Pritchard, Town Hall, Leicester.
London (City of)	...	...	...	Stone, Dartford	W. Robinson, M.D., D.P.M.	...	L. T. Feldon, 5, Church Passage, Guildhall, E.C. 2.
Middlesbrough	...	...	...	Cleveland, Middlesbrough	H. G. Drake-Brockman, L.R.C.P.	...	Preston Kitchen, Town Clerk's Office, Middlesbrough.
Newcastle-upon-Tyne	...	...	...	Gosforth, Newcastle-upon-Tyne.	H. D. MacPhail, O.B.E., M.D.	...	Sir Arthur Oliver, Town Clerk's Office, Newcastle-upon-Tyne.
Newport	...	...	...	Caerleon, Mon.	M. R. Mackay, M.C., M.B.	...	O. T. Morgan, Town Clerk's Office, Newport, Mon.
Norwich	...	...	...	Hellesdon, Norwich	C. R. F. Hall, L.R.C.P.	...	Noel B. Rudd, Guildhall, Norwich.
Nottingham	...	...	...	Mapperley Hill, Nottingham.	G. Ll. Brunton, M.D.	...	Sir Wm. Board, O.B.E., Guildhall, Nottingham.
Plymouth	...	...	...	Blackadon, Ivybridge	E. G. T. Poynder, L.R.C.P., D.P.M.	...	C. Campbell, Town Clerk's Office, Plymouth.
Portsmouth	...	...	...	Milton, Portsmouth	T. Beaton, O.B.E., M.D., F.R.C.P.	...	F. J. Sparks, Guildhall, Portsmouth.
Sunderland	...	...	...	Ryhope, Co. Durham	M. A. Archdale, M.B., D.P.M.	...	H. Craven, Town Hall, Sunderland.
Swansea	...	...	...	Cefn Coed, Swansea	N. Moulson, M.D., D.P.M.	...	H. L. Lang-Coath, The Guildhall, Swansea.
West Ham	...	...	...	Goodmayes, Ilford, Essex	J. H. Cuthbert, M.B., D.P.M.	...	C. E. Cranfield, Town Hall, West Ham, E.15.
York	...	...	...	Fulford, York	R. A. Hooper, M.B.	...	R. Anderson, Guildhall, York.

\* Clerks to the respective Sub-Committees. Clerk to Somerset and Bath Mental Hospitals Committee: A. W. Caley.

† Also Clerk to the Staffordshire Mental Hospitals Board.

‡ Also Medical Director of the Birmingham Mental Hospital, which comprises Winson Green Division and Rubery Hill with Hollymoor Division.

§ For private patients only.

## HOSPITALS.

COUNTY.	REGISTERED HOSPITALS.	MEDICAL SUPERINTENDENTS.
Chester ... ..	Manchester Royal Hospital, Cheadle.	J. A. C. Roy. M.B.
Devon ... ..	Wonford House, Exeter ...	H. W. Eddison, M.D., D.P.M.
Gloucester ...	Barnwood House, Gloucester ...	A. A. D. Townsend, M.D.
Kent ... ..	*Bethlem Royal Hospital, Eden Park, Beckenham.	J. G. Porter Phillips, M.D., F.R.C.P.
Lincoln ... ..	The Lawn, Lincoln ... ..	Myra Mackenzie, M.B.
Norfolk ... ..	Bethel Hospital, Norwich ...	S. J. Fielding, M.B.
Northampton ...	St. Andrew's Hospital, Northampton.	D. F. Rambaut, M.D.
Notts ... ..	The Coppice, Nottingham ...	D. Hunter, M.B.
Oxford ... ..	The Warneford, Headington Hill, Oxford.	A. W. Neill, M.D.
Stafford ... ..	Coton Hill Hospital, Stafford	R. Macdonald, O.B.E., M.D., D.P.M.
Surrey ... ..	Holloway Sanatorium, St. Ann's Heath, Virginia Water.	H. Devine, O.B.E., M.D., F.R.C.P.
York City (N.R.)	Bootham Park, York ... ..	G. R. Jeffrey, M.D., F.R.C.P.E.
„ „ (E.R.)	The Retreat, York ... ..	Neil Macleod, M.D., D.P.M.
NAVAL AND MILITARY HOSPITALS :		
Hants ... ..	Royal Military Hospital, Netley, Southampton.	Maj. J. Bennet, M.B.
Norfolk ... ..	Royal Naval Hospital, Gt. Yarmouth.	Surgeon-Commander F. L. H. MacDowel, R.N., L.R.C.P. & S.
CRIMINAL ASYLUM :		
Berks ... ..	State Criminal Asylum, Broadmoor, Crowthorne.	H. P. Foulerton, L.R.C.P., D.P.H.

\* Registered for 109 males and 141 females.

HOUSES.		TO WHOM LICENSED.				
		Number of Patients for which Licensed.				
		M.	F.	Total.		
For both Sexes :						
Camberwell, S.E. 5	...	*†Camberwell House, Peckham Road	...	...	Not more than 140   300   420	Colonel R. H. W. Cardiff, Captain J. A. E. Drury-Lowe, and H. J. Norman, M.B., D.P.H.
Clapton, Upper, E.5	...	*†Brooke House	...	...	Not more than 31   51   80	Miss E. E. Monro and E. E. Rollins, M.B.
Finsbury Park, N. 4	...	*†Northumberland House	...	...	Not more than 37   63   95	A. H. Stocker, H. G. Stocker, and F. Dillon, M.D.
Hayes, Uxbridge	...	*Hayes Park	...	...	Not more than 2   19   19	H. F. Stilwell, L.R.C.P., and Mrs. M. E. Stilwell.
Hillingdon, Uxbridge	...	*†Moorcroft House (and Laurel Lodge)	...	...	Not more than 48   10   48	R. J. Stilwell, L.R.C.P., and G. W. B. James, M.C., M.D., D.P.M.
Isleworth	...	*†Wyke House	...	...	25   20   45	G. W. Smith, O.B.E., M.B., and Mrs. S. R. M. Smith, M.B.
Peckham, S.E. 15	...	*†Peckham House	...	...	Not more than 115   265   360(a)	A. H. Stocker, H. G. Stocker, and F. R. King, L.R.C.P.
Pinner, Middlesex	...	*†Chiswick House	...	...	Not more than 15   22   35	F. H. Hunnard, L.R.C.P., D. I. O. Macaulay, M.D., D.P.M., Mrs. M. French, M.B., Miss A. E. Curthoys, and Miss E. M. Ross.
Roehampton, S.W.15	...	*†The Priory	...	...	Not more than 47   52   90	G. B. Postlethwaite, G. H. Day, J. Chambers, M.B., and B. W. Brown, M.B., D.P.M.
Shepperton	...	*†Halliford House	...	...	Not more than 15   17   30	Capt. H. O. S. Ellis, Lt.-Col. H. Dickenson, W. J. H. Haslett, L.R.C.P., Mrs. Jane Williams, and A. Holman.
Tooting Common, S.W. 17		*†Newlands House, Tooting Bec Road	...	...	Not more than 21   22   28	J. N. Sergeant, M.B., Miss M. F. Simms-Reeve, Miss E. Reid, and Miss T. I. M. Sergeant.
Males only :						
Beckenham Lane, Catford, S.E. 6.		†The Flower House	...	...	32   —   32	Col. W. H. F. à Beckett, Mrs. Enid à Beckett, W. F. Umney, M.D., D.P.M., and C. R. Menzies.

\* Approved under Sec. 5 of the Mental Treatment Act, 1930, for the reception of Female Temporary Patients.

† Approved under Sec. 5 of the Mental Treatment Act, 1930, for the reception of Male Temporary Patients.

(a) Of whom 65 may be rate-aided patients: not more than 30 males and 45 females.

## METROPOLITAN LICENSED HOUSES—continued.

HOUSES.	Number of Patients for which Licensed.			TO WHOM LICENSED.
	M.	F.	Total.	
Females only: Clapham Park, S.W. 4 ...	—	12	12	J. A. Thwaites, Miss L. E. Thwaites, Miss L. M. Thwaites, and Mrs. L. A. Sparkes.
Staines, Middlesex ...	—	14	14	F. B. Sutherland, M.B., D.P.H., and Mrs. B. S. Sutherland.
Hayes, Uxbridge ...	—	14	14	H. F. Stilwell, L.R.C.P., R. J. Stilwell, L.R.C.P., and Miss D. Hughes.
” ” ...	—	19	19	R. J. Stilwell, L.R.C.P., Miss R. Cheek, and G. W. B. James, M.C., M.D., D.P.M.
Streatham Hill, S.W. 2 ...	—	30	30	E. W. White, C.B.E., M.B., M.R.C.P., Mrs. H. White, Madeline R. Lockwood, L.R.C.P., D.P.M., and R. C. Humphrey.
Sydenham, S.E. 26 ...	—	30	30	Capt. F. H. Little, Miss T. J. Alexander, and Mrs. M. A. H. Little.
Forest Hill, S.E. 23 ...	—	10	10	W. L. Bailey and Mrs. F. L. Gausson-Talbot.

q. Limited to quiet and harmless cases.

\* Approved under Sec. 5 of the Mental Treatment Act, 1930, for the reception of Female Temporary Patients.

# PROVINCIAL LICENSED HOUSES.

COUNTY.	HOUSES.	TO WHOM LICENSED.	Number of Patients for which Licensed.			CLERK TO VISITORS.	MEDICAL VISITORS.
			M.	F.	T.		
Beds [Bedford Borough]	Bishopstone House, Bedford	N. H. Linzee, L.R.C.P., D.P.H., Mrs. B. C. Linzee, Miss A. A. Barber, Miss A. George, and Miss E. M. McKay.	—	10	10	G. J. M. Whyley, Bedford.	H. M. Coombs, M.B.
Beds ...	*†Springfield House, Bedford	Mrs. M. L. Bower, C. W. Bower, L.M.S.A., Mrs. M. A. E. Bower, and Miss J. W. Kerr.	Not more than 24	37	48	J. B. Graham, ditto	E. C. Sharpin, L.R.C.P.
Derby ...	*†Wye House, Buxton ...	W. W. Horton, M.D., and Miss J. M. Dickson.	22	22	44	W. B. Bunting, Chapel-en-le-Frith.	W. Shipton, M.D.
Devon ...	*Court Hall, Kenton, Exeter	Miss B. M. Mules, M.D., and Miss A. S. Mules, L.R.C.P.	—	8	8	F. A. Pearce, Exeter	L. P. Black, M.B., D.P.H.
„ ...	*St. Peter's Convent, Plympton House, Plympton.	Miss A. Keane, Miss C. Carroll, Miss K. Carroll, and Miss W. Collins	—	44	44	R. B. Johns, Plymouth	E. L. Fox, M.D.
Durham ...	*†Middleton Hall, Middleton St. George.	R. H. O. Garbutt, L.R.C.P., T. C. Barkas, O.B.E., M.B., and J. W. Astley-Cooper, L.R.C.P.	21	44	65	G. H. Watson, Darlington	T. Beattie, M.D., F.R.C.P.
Essex ...	*Littleton Hall, Shenfield, Brentwood.	Miss M. G. E. Wilson, H. G. L. Haynes, L.R.C.P., and Mrs. M. Haynes.	—	25	25	E. S. Holcroft, Shire Hall, Chelmsford	R. W. Quennell, O.B.E., L.R.C.P.
Gloucester ...	*†Northwoods, Winterbourne Bristol.	H. J. Cates, M.D., and Mrs. R. Cates.	Not more than 35	35	50	L. M. Harris, 65, Stokes Croft, Bristol.	{ J.R. Charles, M.D., F.R.C.P. P. L. Moore, M.B.
„ ...	*The Retreat, Fairford	A. C. King-Turner, M.B., C. J. King-Turner, L.R.C.P., and Mrs. H. F. King-Turner.	—	—	(a) 50	Robert W. Ellett, Cirencester.	D. G. Cossam, M.B.

(a) Not more than 25 males.  
 \* Approved under Sec. 5 of the Mental Treatment Act, 1930, for the reception of Female Temporary Patients.  
 † Approved under Sec. 5 of the Mental Treatment Act, 1930, for the reception of Male Temporary Patients.

PROVINCIAL LICENSED HOUSES—*continued*.

COUNTY.	HOUSES.	TO WHOM LICENSED.	Number of Patients for which Licensed.			CLERK TO VISITORS.	MEDICAL VISITORS.
			M.	F.	T.		
Kent ...	*†Malling Place, West Malling, Kent.	G. H. Adam, L.R.C.P., and H. Gray, L.R.C.P., and Mrs. Irene Adam.	18	21	(a) 39	C. E. Warner, Tonbridge	{ W. M. Ramsden, M.D. Hy. A. Andrews, L.R.C.P.
Lancaster ...	*†Haydock Lodge, Ashton, Newton-le-Willows.	C. T. Street, L.R.C.P., Mrs. Mabel R. Street, J. C. Wootton, M.C., L.R.C.P., and Mrs. M. Wootton.	Not more than 80	90	150	H. Hatton, Warrington	H. Langdale, M.D.
" ...	*Shaftesbury House, Formby, Liverpool.	Mrs. F. W. Gill, Mrs. E. M. Gill, and John W. Jones.	Not more than 10	40	40	G. W. Swift, 74, Hanover St., Liverpool.	H. Langdale, M.D.
Norfolk [Norwich City].	*†Heigham Hall, Norwich	J. A. Small, M.B., Miss E. E. Moore, A. Jenkins and Miss K. M. Sutton.	40 (b)	75 (c)	95	J. F. Betts, Norwich	H. J. Starling, M.D.
" ...	*The Grove, Catton Grove Road, Norwich.	Miss H. M. McLintock, J. A. McLintock, and Mrs. S. H. Steward.	—	21	21		
Shropshire ...	†Stretton House, Church Stretton.	C. A. Stone, M.B., S. T. H. Lane, and Mrs. P. Hancocks	40	—	40	W. L. Edge, Shirehall, Shrewsbury.	H. W. Gardner, M.B.E., M.D., F.R.C.P.
" ...	*Grove House, All Stretton	J. McLintock, L.R.C.P., Mrs. F. E. G. McLintock, J. A. McLintock, L.M.S.S.A., and Mrs. G. M. Lane.	—	40	40	W. L. Edge, Shirehall, Shrewsbury.	H. W. Gardner, M.B.E., M.D., F.R.C.P.

Somerset ...	*Bailbrook House, Bath-easton.	J. R. Benson, F.R.C.S., E. M. Wright and A. Guirldham, D.M., D.P.M.	Not more than		C. E. Newman, County Hall, Taunton.	R. E. Moorhead, L.R.C.P., J. R. Charles, M.D., J. Wallace, O.B.E., M.B., John Allen, M.B., and W. H. Maidlow, M.D.
			11	36		
" (Bristol City)	*†Brislington House, Bristol	Mrs. A. Fox, J. M. Rutherford, M.B., and F. E. Fox, L.R.C.P.	44	62	S. Young, Petty Sessional Court House, Bristol.	Annie F. M. Cornell, F.R.C.S.I., W. H. Cory, M.R.C.S., and Colston Wintle, L.R.C.P.
Stafford ...	Ashwood House, Kingswinford, Dudley.	J. F. G. Pietersen, L.R.C.P., and Mrs. Ida S. Pietersen.	11	20	H. L. Underwood, County Buildings, Stafford.	C. Reid, O.B.E., M.B.
" ...	Moat House, Tamworth	W. Lowson, M.B., Mrs. M. R. Lowson and Miss H. Billings.	—	16	Ditto ditto	Ditto.
Sussex, East	*†Ticehurst House, Ticehurst.	C. F. F. McDowall, M.D., H. A. H. Newington, D. H. Cooper and H. McMahon.	41	51	H. J. T. McIlveen, County Hall, Lewes.	J. W. McK. Nicholl, M.D.
" ...	*St. George's Retreat, Burgess Hill.	Miss Ward, Miss McEvoy, Miss Keane, and Miss Collins.	—	75	Ditto ditto	Ditto.
" ...	Periteau House, Winchelsea, Sussex.	H. Baird, M.D., Mrs. I. M. Baird and Miss A. M. Jekyll.	—	5	Ditto ditto	Ditto.
" [Hastings Borough]	Ashbrook Hall, Hollington	Charles E. H. Somerset and Miss J. P. Bertram.	—	q. 6	F. G. Langham, 44A, Robertson-street, Hastings.	E. M. Barker, M.B.
Warwick ...	*Glendossill, Henley - in - Arden.	W. Agar, L.R.C.P., and Mrs. Mary D. Agar.	14	33	A. C. Burrows, 1, New Street, Warwick.	W. R. W. Asplen, M.D.
Wilts [New Sarum City].	*†The Old Manor, Salisbury	W. Swords, K.C., S. E. Martin, M.B., and P. W. Carruthers, M.B.	—	—	A. C. Jonas, Salisbury...	E. T. Fison, O.B.E., M.D., F.R.C.S., and R. C. Monnington, M.D.

g. Limited to quiet and harmless cases. (a) Proportion of sexes may be varied. (b) Of whom 20 may be rate-aided patients. (c) Of whom 25 may be rate-aided patients.

\* Approved under Sec. 5 of the Mental Treatment Act, 1930, for the reception of Female Temporary Patients.  
† Approved under Sec. 5 of the Mental Treatment Act, 1930, for the reception of Male Temporary Patients.

PROVINCIAL LICENSED HOUSES—*continued.*

COUNTY.	HOUSES.	TO WHOM LICENSED.	Number of Patients for which Licensed.			CLERK TO VISITORS.	MEDICAL VISITORS.
			M.	F.	T.		
Wilts    ...	*†Laverstock House, Salisbury.	J. R. Benson, F.R.C.S., Mrs. Enid Benson, H. Hill, M.D., G. Benson, M.D., and Miss P. Deane.	Not more than 50	50	70	W. L. Bown, Trowbridge	A. W. K. Straton, L.R.C.P.
”    ...	*†Fiddington House, Market Lavington, Devizes.	J. R. Benson, F.R.C.S., Mrs. May Benson, G. E. M. Benson, B.M., and the Rev. E. Benson.	Not more than 25	25	30	Ditto    ditto	G. S. A. Waylen, L.R.C.P.
”    ...	*Kingsdown House, Box ...	H. C. MacBryan, L.R.C.P., and Mrs. A. K. MacBryan.	Not more than 13	43	43	Ditto    ditto	A. D. Hamilton, M.D.
York, W.R.	Greta Bank, Burton-in-Lonsdale, Carnforth.	Miss Sarah J. Perkin, J. C. Wootton, M.C., L.R.C.P., and C. T. Street, L.R.C.P.	10 or 10	10	10	W. H. Coles, Wakefield	L. T. Wells, L.R.C.P.
”    ”    ... [Rotherham Borough]	*The Grange, Kimberworth, Rotherham.	G. E. Mould, L.R.C.P., and Mrs. B. L. Mould.	—	20	20	C. L. des Forges, Rotherham.	W. Barr, M.D.

\* Approved under Sec. 5 of the Mental Treatment Act, 1930, for the reception of Female Temporary Patients.

† Approved under Sec. 5 of the Mental Treatment Act, 1930, for the reception of Male Temporary Patients.

APPENDIX G.

INSTITUTION PROVIDED BY A LOCAL AUTHORITY FOR VOLUNTARY PATIENTS ONLY.

Name of Institution.	Address.	Medical Superintendent.	Owning Authority.
The Maudsley Hospital ... ..	Denmark Hill, London, S.E.5	E. Mapother, M.D., F.R.C.S., F.R.C.P.	London County Council.

APPENDIX H.

HOSPITALS APPROVED FOR THE RECEPTION OF VOLUNTARY AND TEMPORARY PATIENTS.

Name of Hospital.	Address.	Number of Patients for which approved.			Person in Charge.
		M.	F.	T.	
Hull Royal Infirmary* ... ..	Hull.	—	—	—	J. S. Anderson, L.R.C.P.
St. John's Hospital ... ..	Morden Hill, Lewisham, S.E.13.	1	1	2	J. C. Gilbert.

APPENDIX J.

NURSING HOMES APPROVED FOR THE RECEPTION OF VOLUNTARY AND TEMPORARY PATIENTS.

Name of Nursing Home.	Address.	Number of Patients for which approved.			Name of Proprietor.
		M.	F.	T.	
Riverhead House ... ..	Sevenoaks, Kent	—	8	8	Mrs. M. L. Macartney.
Manor House... ..	Riverhead, Sevenoaks.	—	4	4*	Mrs. M. L. Macartney.
Tykeford Abbey ... ..	Newport Pagnell, Bucks.	—	6	6	D. E. M. Douglas-Morris, L.M.S.S.A.
Dorset House... ..	Clifton Down, Bristol.	—	25	25	Miss E. Casson, M.D., D.P.M.
Mount Pleasant ... ..	Clevedon, Somerset.	—	3	3*	Mrs. N. C. Whitfeld.
The Hall ... ..	Harrow Weald.	—	—	2	E. Lincoln Williams, L.R.C.P.
Boughton Hall ... ..	Chester.	—	8	8	C. J. Tisdall, M.D.
Arthington ... ..	Barton Road, Torquay.	—	—	8	Messrs. Arthington, Ltd.
42, Ashburnham Road ... ..	Bedford.	—	9	9	N. H. Linzee, L.R.C.P., D.P.H.
Eyhurst Court ... ..	Kingswood, Surrey.	Not	more	than	Eyhurst Court, Ltd.
Grantbourne ... ..	Chobham, Surrey.	27	31	35	C. H. Caldicott, M.B., and W. M. K. McLellan, M.B.
Kearsney Court ... ..	Kearsney, Dover.	—	—	11	Messrs. A. H. and H. G. Stocker.
		5	5	10*	

\* Voluntary only.

## APPENDIX K.

STATE and CERTIFIED INSTITUTIONS, CERTIFIED HOUSES, and APPROVED HOMES under the MENTAL DEFICIENCY ACT, 1913, with the Names of Managers or Owners, Clerks to Visitors, and the Number and Class of Patients.

(Corrected to October, 1935.)

## STATE INSTITUTION.

COUNTY or COUNTY BOROUGH within which the Institution is situate	Name and Address of Institution.	Names of Managers or Owners.	Name of Superintendent.	Number and Class of Defectives.
Nottingham ...	Rampton, Retford ...	The Board of Control, Caxton House West, London, S.W.1.	F. E. E. Schneider, M.D., D.P.M.	652 males and 499 females of dangerous or violent propensities.
Lancashire ...	Branch: Moss Side, Maghull, Liverpool.	Do. do. do.	C. H. G. Gostwyck, M.B., F.R.C.P., D.P.M.	149 adult males and 155 adult females of dangerous or violent propensities.

## CERTIFIED INSTITUTIONS.

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Bedfordshire ...	Bromham House, Bromham, Bedford.	Beds. and Northants Joint Board.	J. B. Graham, Shire Hall, Bedford.	24 high-grade adult males.
Berkshire ...	Cumnor Rise, Cumnor	The Oxford Branch of the National Association for Promoting the Welfare of the Feeble-minded. Hon. Sec. of Branch:—Miss M. Durst, 25, Beaumont Street, Oxford. Middlesex County Council.	H. J. C. Neobard, Shire Hall, Reading.	34 feeble-minded females. The age of admission is from 14 years. Epileptics and fallen women not taken.
Bucks ...	Craufurd Home, Gringer Hill, Maidenhead. The Manor House, Aylesbury.	The Bucks M.D. Committee.	Ditto ditto	102 adult females and 14 cot and chair cases. 99 patients.
Cardiff ...	Pantglas Hall, Llanfynydd Road, Cardiff.	The West Wales Joint Board ...	H. Fisher, County Hall, Aylesbury. D. Johns, County Offices, Carmarthen.	117 females of 7 years of age and upwards.

CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Cheshire ...	Ashton House, 26, Village Road, Oxtown, Birkenhead. Mary Dendy Home, Sandebridge, Alderley Edge.*	Committee of Management ... Incorporated Lancs and Cheshire Society for the Permanent Care of the Feeble-minded. Sec.:—E. M. Richards, 72, Bridge Street, Manchester, 3 Cheshire Joint Board ...	E. W. T. Gasking, Birkenhead. G. C. Scrimgeour, Northgate Street, Chester. Do. do.	64 high-grade feeble-minded girls. Admission over 14 years of age. 425 of either sex. <i>Certified by Board of Education for 115 boys and 45 girls.</i> 62 adult high-grade females.
Cornwall...	Cranage Hall, Holmes Chapel. Convent of the Good Shepherd, St. Anne's, Saltash. St. Columb Major Institution.	Committee of Management ... Cornwall C.C. ...	T. A. H. Sheers, Truro. Do. do.	10 Roman Catholic female adults. High or medium grade. 111. Not more than 34 employable female adults, and not more than 77 low-grade juveniles of either sex.
Cumberland (Carlisle C.B.)	Durran Hill House, Carlisle.	Managers: Sisters of The Sacred Hearts of Jesus and Mary. Corres.: The Rev. Father Leo Prescott, St. Gregory's Church, Deepdale, Preston. Cumberland, Westmorland & Carlisle Joint Committee for the Mentally Defective. Nottingham County Borough Council ...	F. G. Webster, 15, Fisher Street, Carlisle. C. W. A. Hodgson, The Courts, Carlisle. W. B. Bunting, Chapel - en - le - Frith. Do. do. Do. do.	65 feeble-minded Roman Catholic females, aged 16 years and over. Criminals, epileptics and fallen women not accepted. Poor Law cases received. 120 males and 65 females. 320—all classes within the meaning of the M.D. Acts, 1913-1927—130 males and 190 females. 80 high-grade adult females. 400 females.
Derby ...	Dovenby Hall Colony, Cockermouth. Aston Hall, Aston-upon-Trent.	Derbyshire C.C. ...	Do. do.	39 females. Not more than 33 able-bodied imbeciles under 16 and not more than 6 feeble-minded adults.
"	Makeney House, Milford, near Derby. Whittington Hall, Chesterfield.	The Incorporation of National Institutions for Persons requiring Care and Control. Mrs. Burden, The Warden, 14, Howick Place, Victoria Street, London, S.W.1. Derby Borough Corporation ...	Do. do.	
(Derby C.B.)	Thornhill, Trowels Lane, Derby.		W. R. H. Whiston, Idridgehay, Derby.	

\* Certified as a Special School by Board of Education.

## CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situated C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Devon ... .. (Exeter C.B.)	The Devon and Exeter Home of the Good Shepherd, Holloway Street, Exeter; <i>with ancillary premises</i> : The Chantry, Exeter; <i>and</i>	Committee of Management ... ..	J. Whiteside, The Court House, Exeter.	162 feeble-minded females. 84 at Devon and Exeter Home, 21 at The Chantry, and 57 (40 cot and chair cases of either sex and 17 high or medium grade females over 16 years of age) at the Home of the Holy Innocents.
”	The Home of the Holy Innocents, Franklyn, St. Thomas, Exeter.			
(Plymouth C.B.)	Hampton House, Ebrington St., Plymouth.	The Committee of the Plymouth, Devonport and Stonehouse Penitentiary and Home.	J. Bone, Guildhall, Plymouth.	20 female adults.
	Stoke Lyne, Withycombe, Exmouth.	County Council of Devon ... ..	F. A. Pearce, 14, Castle Street, Exeter.	47 males and 5 females.
	Western Lodge, Crediton Box House, Axminster	Do. do.	Do. do.	50 male and 56 female adults.
	Royal Western Counties Institution, Starcross, near Exeter; * <i>with ancillary premises</i> : Elm Court, Starcross; The Hostel, 13, Dix's Field, Exeter; Langdon Farm Hostel, Dawlish; and "Dunesk," Teignmouth.	Do. do.	Do. do.	109 males, i.e., 100 active medium to low-grade adults and 9 cot and chair cases.
	Monkton Hall Home for Lads, Monkton, Jarrow-on-Tyne.	Committee of Management ... ..	Do. do.	420 males and 241 females.
Durham ... ..	St. Catherine's Home, Allergate, Durham.	The Committee of the North-Eastern Association for the Care of the Feeble-minded. Sec.:—J. Stewart, 90, Pilgrim Street, Newcastle-upon-Tyne. Committee of Management ... .. Sec.: Mrs. Blackett, 50, South Street, Durham.	G. H. Watson, Darlington.	<i>Certified by Board of Education for 100 patients.</i> 79 male feeble-minded cases. Age on admission, 16 to 20 years.
			Do. do.	8 females. Feeble-minded and moral, under the age of 18 years at time of admission.

Essex ...	Shotley Bridge Colony, Shotley Bridge, Durham.	The Newcastle-upon-Tyne County Borough Council.	Do. do.	473 males and females, all classes.
...	Bigod's Hall, near Dun- mow, Essex.*	Sisters of The Sacred Hearts of Jesus and Mary. Corres.: The Bishop of Brentwood, Bishop's House, Brentwood. The L.C.C. Mental Hospitals Committee... Chief Officer, Mental Hospitals Dept., Shell-Mex House, Strand, W.C.2. The Mutual Sanatoria, Ltd. ... Sec.: — A. J. Read, New Lodge, Billericay.	E. S. Holcroft, Shire Hall, Chelmsford.	6 males. Imbeciles and feeble-minded up to the age of 16 years. <i>Certified by Board of Education for 61 boys.</i> 68 higher grade employable males, not less than 16 years of age. Reserved for London cases only. 54 males, excepting those who are dangerous to themselves or others, runaways, or who require physical restraint and are unsuitable for care on the "open-door" system. 120 feeble-minded females, from 16 years of age and of the Roman Catholic religion. Poor Law cases received. 1,734 males and females. <i>Certified by Board of Education for 174 boys or girls and by Home Office for 17 girls.</i> Main institution—558 males and females. Lexden House—65 adult females. East Hill House—60 males, of whom 4 may be cases over 16 years of age. Hillsleigh—48 boys of school age. Greenwood—90 females. Crossley House—61. Bridge Home—291 adult males. The Retreat—33 males. Tabor House—44 crippled adult males. Gt. West Hatch—59 adult females. Turner Road—414 males.
...	Brunswick House, Mist- ley.		Do. do.	
...	The Mutual Sana- torium (New Lodge, Leon House, The Homestead and St. Keverne), Billericay.		o. do.	
...	Etloe House, Church Road, Leyton, E.10.	Corresponding Manager:—Miss S. Rosalie Dunn.	Do. do.	
...	Royal Eastern Counties Institution, Colches- ter,*† with ancillary premises: Lexden House, Colchester; East Hill House School, Colchester; Hillsleigh, 10, East Hill, Col- chester; Greenwood Schools, Halstead; Crossley House, Clac- ton; Bridge Home, Witham; The Re- treat, Witham; Tabor House, Witham; Gt. West Hatch, Chig- well; and Littleton House School, Girton, Cambridge.	Board of Directors ... (Medical Superintendent: F. D. Turner, M.B.)	C. W. Denton, 8, East Stockwell Street, Colchester.	
...	Girls' Village Homes, Barkingside, with ancillary premises: Warlies, Upshire, Wal- tham Abbey.	Dr. Barnardo's Homes National Incorpo- rated Association	A. Tabrum, Cambridge. E. S. Holcroft, Shire Hall, Chelmsford. Do. do.	24 females, imbecile and feeble-minded from 5 years of age. 65 high to medium grade adult females.
...	The Colony, South Ockendon.	West Ham County Borough Council. ...	Do. do.	44 male and 30 female adults, and 40 male and 20 female juveniles.

\* Certified as a Special School by Board of Education.

† Certified as a Special Industrial School by Home Secretary.

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Flint ...	Coed Du Hall, Rhydymwyn, Mold ...	Denbigh C. C. ...	J. Harvey-Davies, County Offices, Mold.	53 adult and 19 juvenile females.
	Broughton Institution, Broughton, Chester.	Flint County Council ...	G. C. Scrimgeour, Northgate Street, Chester.	32 active medium to low grade females over the age of 16 years, and 12 active imbeciles of each sex under the age of 16 years.
Glamorgan ...	Drymma Hall, Skewen, near Neath.	Glamorgan County Council ... (Medical Superintendent: E. Lewis, F.R.F.P. & S.G., L.R.C.P. & S.)	J. B. Parry, County Hall, Cardiff.	79 females. All classes within the meaning of the Act.
	Hensol Castle, Pontyclun, Glam.	Glamorgan County Council ... (Medical Superintendent: Edward Lewis, F.R.C.P.)	Do. do.	150 high to medium grade adult males.
(Swansea C.B.)	Llwyn Eryr Training Home, Morriston, Swansea.	Swansea County Borough Council ...	J. Lake, Central Police Buildings, Swansea.	27 female adults.
Gloucester ...	Brentry Certified Institution, Westbury-on-Trym, Bristol ...	Board of Management ... Hon. Sec.:—E. Abbott, 13, Victoria Street, London, S.W.1. ... (Medical Superintendent: G. R. A. de M. Rudolf, M.R.C.P., D.P.M.)	S. Young, Petty Sessional Court House, Bristol.	381. All classes within the meaning of the Act, being males over the age of 18 years.
	St. Mary's Home, Painswick, near Stroud.	The Committee of Management ... Hon. Sec.: Miss M. B. Gibbs, Yew Tree House, Painswick, nr. Stroud.	R. L. Moon, Shire Hall, Gloucester.	29 female feeble-minded cases. Age on admission 14 to 25 years, and of the Church of England. Cases over the age of 25 to be received only with the previous consent of the Board.
	Hortham Colony, Almondsbury, Bristol.	Bristol City Council. (Medical Superintendent: W. Wyatt, M.B., D.P.M.)	L. M. Harris, 65, Stokes Croft, Bristol.	304 of each sex.
	Stoke Park*, Bristol, with ancillary premises: Hanham Hall, Hanham, near Bristol; Leigh Court, Abbot's Leigh, Somerset.	The Incorporation of National Institutions for Persons requiring Care and Control. Mrs. Burden, The Warden, 14, Howick Place, Victoria Street, London, S.W.1. (Director of Medical Services: R. J. A. Berry, M.D., F.R.C.S., Ed.).	Do. do.	1,818 patients, of whom not more than 910 shall be males and not more than 950 shall be females, distributed as follows:— Stoke Park Colony ... 1,318 Hanham Hall ... 240 Leigh Court ... 260 Certified by Board of Education for 50 patients.

(Bristol C.B.)	Chasefield Laundry Home, 874, Fishponds Road, Bristol.	The Sub-Committee of the Bristol Preventive Mission (for the management of Chasefield). Hon. Sec.:—Mrs. M. Z. Heath, 13, Harcourt Road, Redland, Bristol.	S. Young, Petty Sessionsal Court House, Bristol.	40 feeble-minded females. Poor Law cases received.
(Do.)	The Royal Fort Home, St. Michael's Hill, Bristol	The Sub-Committee of the Bristol Preventive Mission.	Do. do.	30 females. High-grade adults on licence from other Certified Institutions.
Hampshire ...	Coldeast Colony, Salisbury, Southampton.	Hampshire Joint Mental Health Institutions Committee. (Medical Superintendent: Alban Wilson, L.R.C.P., D.P.M.)	A. J. Rogers, Magistrates Clerk's Office, Southampton.	175 males and 325 females.
(Portsmouth C.B.)	Tatchbury Mount Colony, West Totton.	Hampshire Joint Mental Health Institutions Committee	Do. do.	56 male adults.
	Free Church Council Hostel (St. Paul's House), 66, King Street, Portsea.	The Free Church Women's Council (Portsmouth and District).	B. J. Tay, The Guildhall, Portsmouth.	7 high-grade female adults.
	St. Mary's Home, Alton, Hants, with ancillary premises:	Hon. Sec.:—Mrs. F. Parker, 2, Lorne Road, Southsea.	A. J. Rogers, Magistrates Clerk's Office, Southampton.	45 fallen female adults. Poor Law cases received.
	The Home of the Holy Rood, Findon; Thorpe Place, Thorpe, Chertsey, Surrey;	Sisters of the Community of St. Mary the Virgin, of Wantage, Berks.	J. E. Seager, County Hall, Chichester.	12 adult females.
	St. Mary's Home, Halton, Hastings;		D. Aukland, County Hall, Kingston-on-Thames.	8 high-grade adult females.
	and St. John's Hostel, 17 & 18, Grove Park, Denmark Hill, S.E.5.		F. G. Langham, Palace Chambers, White Rock, Hastings.	12 high-grade females between the ages of 16 and 40 years.
	Mount Tabor, Basingstoke, with ancillary premises: St. John's House, Sherborne Rd., Basingstoke.	The Sisters of the Transfiguration ...	John Dix, Sessions House, Newington, S.E.1.	9 high-grade adult females.
			A. J. Rogers, Magistrates Clerk's Office, Southampton.	50 feeble-minded females 16 years of age and over. Church of England cases only.
			Do. do.	20 active low-grade juvenile females.

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## CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situated C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Herts ... ..	Hillside, Buntingford, Herts.	Westminster Diocesan Education Fund ... Sec.:—Archbishop's House, Westminster, London, S.W.1.	Elton Longmore, Hertford.	48 juvenile male trainable imbeciles.
	Barvin Park (St. Raphael's), Northaw, Potter's Bar. The Middlesex Colony, Harper Lane, Shenley, St. Albans. Kingsmead Schools, Ware Road, Hertford.*	Do. do. Middlesex County Council. (Medical Superintendent: H. E. Beasley, M.B., D.P.M.) Managers appointed by the Herts County Council.	Do. do. Do. do. Do. do.	93 feeble-minded adult males of the Roman Catholic religion. 854. Not more than 528 males and not more than 326 females. 22. All classes. 10 adult females and 12 of an age and degree of mental defect such as would permit of their being housed and instructed with children, for whom the School is primarily intended. <i>Certified by Board of Education for 70 boys and 56 girls. School—3 males and 3 females. Certified by Board of Education for 14 boys and 42 girls. Colony—104 females.</i>
	St. Elizabeth's Home for Epileptics, Much Hadham.*	Westminster Diocesan Education Fund ... Sec.:—Archbishop's House, Westminster, S.W.1.	Do. do.	Idiots, imbeciles, and feeble-minded cases of the Roman Catholic religion. 300 male and 300 female defectives.
	Cell Barnes Colony, St., Albans.	Hertfordshire County Council (Medical Superintendent: N. H. M. Burke, L.R.C.P., D.P.M.). National Association for the Feeble-minded, 72, Denison House, 296, Vauxhall Bridge Road, Westminster, S.W.1. Kent County Council.	Do. do.	71 males, 68 females.
Kent ... ..	Princess Christian's Farm Colony, Hildenboro', Kent. West View, Tenterden. Leybourne Grange, West Malling, Maidstone.	Do. do. (Medical Superintendent: R. F. Jarrett, F.R.F.P.S.)	C. E. Warner, Tonbridge. S. G. Champion, Tenterden. C. E. Warner, Tonbridge.	180 females. 180 male and 120 female adults.

1 male and 40 females. Feeble-minded cases of a degree of mental defect such as will permit of their living in association with and being instructed or trained with the children for whom the School is primarily intended.  
*Certified by Board of Education for 110 girls, and also certified by Home Office.*  
 1,364 males and 964 females. All classes including epileptics.  
 262 males and 496 females. All classes, including epileptics.  
 30 feeble-minded females; 26 over the age of 16 and 4 of an age and of a degree of mental defect such as would permit of their being housed and instructed with the children for whom the school is primarily intended.  
*Certified by Board of Education for 38 girls and by Home Office for 64 girls.*  
 46 female feeble-minded cases. Principally adults with a limited number of children under 16.  
 109 males.  
 20 females. Feeble-minded and moral defectives over the age of 16 years.  
 25 males: Roman Catholic feeble-minded children between the ages of 5 and 16 years.  
*Certified by Board of Education and by Home Office for 121 boys.*

C. T. Barton, Clerk to Justices, Liverpool.  
 L. Cotman, 8, Lune Street, Preston.  
 Do.  
 C. T. Barton, Clerk to Justices, Liverpool.  
 L. Cotman, 8, Lune Street, Preston.  
 Do.  
 C. T. Barton, Clerk to Justices, Liverpool.  
 G. W. Swift, 74, Hanover Street, Liverpool.

Board of Management  
 Correspondent:—Rev. J. Bennett, 93, Shaw Street, Liverpool.  
 Lancashire Mental Hospitals Board  
 Clerk:—Sir George Etherton, County Offices, Preston.  
 (Medical Superintendent:—F. A. Gill, M.D., C.M.)  
 Lancashire Mental Hospitals Board  
 (Medical Superintendent:—R. B. F. McKail, M.B., D.P.M.)  
 Dovecot Committee  
 Hon. Sec.: Miss Corbett-Lowe, Flat 3, 45, Cambridge Street, Liverpool 8.  
 Committee of Management  
 Administrator:—Rev. J. Bennett, 93, Shaw Street, Liverpool.  
 The Congregation of the Brothers of Charity.  
 Committee of Management  
 Hon. Sec.: R. H. Gardner, Incewood, Park Road, Liverpool.  
 Board of Management  
 Administrator:—Rev. J. Bennett, 93, Shaw Street, Liverpool.

Allerton Priory R.C. Special (M.D.) School, Woolton, Liverpool.\*†  
 Calderstones, Whalley, near Blackburn.  
 Brockhall, Langho, near Blackburn.  
 Dovecot (Horticultural School), Knotty Ash, Liverpool.\*†  
 Gillibrand Hall, Chorley  
 Lisieux Hall, Whittle le Woods, Chorley.  
 The Home, 4, Everton Terrace, Liverpool.  
 Pontville R.C. Special School, Aughton, Ormskirk.\*†

Lancashire  
 (Liverpool C.B.)

\* Certified as a Special School by Board of Education.  
 † Certified as a Special Industrial School by Home Secretary.

## CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situated C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Lancashire— <i>contd.</i>				
Leicester ... (Leicester C.B.)	Royal Albert Institution, Lancaster.  Leicester Frith, Groby Road, Leicester.  Stretton Hall, Leicester	Central Committee of Management ... (Medical Superintendent: C. J. Henderson, M.B.) The County Borough Council of Leicester. Clerk of the M.D. Committee, Alliance Chambers, Horsefair Street, Leicester. The Leicestershire and Rutland Joint Board.	J. T. Sanderson, 67, Church Street, Lancaster. L. E. Rumsey, 10, New Street, Leicester. Do. do.	850 males and females.  337 males and females, including those in ancillary premises.  Not more than 20 males or 50 females. Total, 60.
Lincoln (Lindsey)	Caistor Institution, Kelsea Road, Caistor.	Lindsey County Council ...	E. W. Scorer, Lincoln.	36 males and 66 females over the age of 16 years and 12 low-grade juvenile males.
Lincoln ...	Harmston Hall Colony, Harmston, Lincoln.	Lincolnshire Joint Board for the Mentally Defective.	W. T. Phipps, Clerk to Peace Office, Sleaford.	120 males and 130 females, feeble-minded persons and moral defectives.
London ...	The Helping Hand Home, 16, Cathcart Hill, Highgate, N.19.  London Lock Hospital, 283, Harrow Road, W.9.  South Side Home, Streatham Common, S.W.16	Committee of the Association for Helping Mentally Deficient Children. Hon. Sec.:—Mrs. Geoffrey Russell, J.P., 17, Church Row, Hampstead, N.W.3. Committee of Management ...  The L.C.C. Mental Hospitals Committee... Chief Officer:—Mental Hospitals Dept., Shell-Mex House, Strand, W.C.2.	Jno. Dix, Sessions House, Newington, S.E.1.  Do. do.  Do. do.	30 feeble-minded females, preferably from the age of 16 years.  7 female feeble-minded and moral defectives.
Middlesex ...	St. Teresa's, 97, Belmont Hill, Lewisham, S.E.13. Walsham How Home, 64, St. Ann's Hill, Wandsworth. Bramley House, Clay Hill, Enfield.	Sisters of the Sacred Hearts of Jesus and Mary. The Church Army. Hon. Secretary: Sister George, 57, Bryanston Street, Marble Arch, W.1. Middlesex C.C.	Do. do. Do. do. C.W. Radcliffe, M.A., Guildhall, Westminster, S.W.1.	80 female high-grade feeble-minded adults who, save with the previous consent of the Board of Control, shall be on licence from other Certified Institutions. 120 female adults, high and medium grade. 15 employable adult female defectives.  50 female feeble-minded cases, aged 16 years and upwards.

	Field Heath House School, Hillingdon, Uxbridge.*†	Westminster Diocesan Fund Sec.:—Rev. J. B. Bagshawe, Archbishop's House, S.W.1.	Do.	do.	53 females. Feeble-minded and moral defectives of the Roman Catholic religion. Total cases not to exceed 123, and all to be fit for association with children. <i>Certified by Board of Education for 90 girls, and also certified by Home Office.</i>
	St. Raphael's, The Butts, Brentford	The Order of the Poor Servants of the Mother of God.	Do.	do.	61 high-grade feeble-minded girls of 16 years and upwards. Roman Catholics.
Norfolk	Little Plumstead Hall, Little Plumstead, with ancillary premises: Heckingham Institution, Heckingham.	Norfolk C.C.... (Medical Superintendent: J. V. Morris, M.B.).	J. Middleton, M.B.E., Thorpe Mental Hospital, Norwich. Do.	do.	110 males and 146 females.  56 male and 120 female adults.
(Norwich C.B.)	Eaton Grange, Unthank Rd., Norwich.	Norwich C.B.	J. F. Betts, Justices Room, Guildhall, Norwich.	do.	30 high-grade female adults and 7 juvenile cot and chair cases.
Northumberland	Prudhoe Hall Colony, Prudhoe - on - Tyne, Northumberland*	North Eastern County Boroughs Joint Board for the Mentally Defective. (Superintendent and Medical Officer: G. McCoull, M.D.)	H.D. Irwin, 10, Ellison Place, Newcastle-on-Tyne.	do.	302 males and 279 females: all classes. <i>Certified by Board of Education for 50 boys and girls.</i>
	The Home of Industry, Bow Villa, Morpeth. Cowpen Hall, Blyth ...	Committee of Management ... Northumberland C.C. ...	Do. Do.	do. do.	16 female adults. 42 male adults.
	Greenholme Institution, Haltwhistle. Rothbury Institution, Rothbury.	Do. Do.	Do. Do.	do. do.	51 male adults. 54 females: 49 medium to high-grade women, and 5 medium to low-grade girls.
Oxford	Borocourt, Peppard, Henley-on-Thames.	Bucks, Oxon and Reading Joint Board for the Mentally Defective.	F. G. Scott, County Hall, Oxford.	do.	161 female adults; 46 male adults.

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† Certified as a Special Industrial School by Home Secretary.

## CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situated C.B. = County Borough	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Somerset ...	The Friars, Fryern Lawn, Bridgwater.	The Committee ... .. Secty. and Supt. :—Miss A. E. Best.	C. E. Newman, County Hall, Taunton.	17 females. Feeble-minded and moral defectives.
	Sandhill Park, Bishop's Lydeard, Taunton,* <i>with ancillary premises:</i> Yatton Hall, Yatton, Bristol;	Somerset C.C. ... .. (Medical Superintendent: T. A. Danby, M.B.)	do.	60 males and 101 females. <i>Certified by Board of Education for 50 boys and 50 girls.</i> 76 patients.
	Cambridge House, Long Ashton, Bristol; and West End House, Shepton Mallet.		do.	107 males.
(Bath C.B.) ...	The House of Help for Women and Girls, 112 Walcot Street, Bath.	Bath Preventative Mission and Ladies Association for Friendless Girls. Sec.:—Miss L. Glynn Baker, 112, Walcot Street, Bath.	W. M. Reece Lewis, Guildhall, Bath.	129 females. 66 feeble-minded females.
(Do.) ...	The Old Rectory, Bathwick Hill, Bath.	Bath Voluntary Association ... .. Sec.:—Miss Trimmell, Guildhall, Bath.	do.	21 high or medium grade feeble-minded adult females <i>admitted</i> on licence from other Institutions.
(Do.) ...	Rock Hall House (Magdalen Hospital School), Combe Down, Bath. Stoke Park, Bristol, <i>with ancillary premises.</i>	Municipal Charity Trustees of the City of Bath. Sec.:—A. I. Ingram, 4, Queen Square, Bath. <i>See under County of Gloucester.</i>	do.	38 children of both sexes.
Stafford ...	Stallington Hall, Blythe Bridge, Stoke-on-Trent. Great Barr Park Colony, Great Barr, Birmingham. Handford Home, Ranelagh Road, Ipswich.	Stoke-on-Trent County Borough Council  Walsall and West Bromwich Joint Board. (Medical Superintendent, D. M. Macmillan, M.B.) Ipswich County Borough Council...	H. L. Underwood, M.A., LL.B., County Buildings, Stafford do.	77. <i>Mansion</i> : 16 boys under 21 and 44 females. <i>Male Block</i> : 17 males over 16. 683 patients.
Suffolk ...	St. Joseph's Home, The Croft, Sudbury.	Board of Management ... ..	F. S. Ward, 32, Museum Street, Ipswich. T. M. Braithwaite, Sudbury.	22 females. High-grade feeble-minded cases over the age of 16 years. 28 feeble-minded females from 16 to 20 years of age, and of the Roman Catholic religion. Poor Law cases received.

Sussex, East	...	...	L.C.C. Mental Hospitals Committee Chief Officer:—Mental Hospitals Dept., Shell-Mex House, Strand, W.C.2. Do. (Medical Superintendent: F. S. Littlejohn, L.R.C.P.)	D. Aukland, County Hall, Kingston- on-Thames. Do.	141 males (adults or adolescents) of criminal experience or intractable disposition. 611 males and 681 females. All classes within the meaning of the Act. Reserved for London cases only.
The Manor Institution, Epsom, Surrey, with ancillary premises: Hollywood Lodge, Ep- som Common.			Board of Management ... .. Sec.:—H. Stephens, 14/16, Ludgate Hill, London, E.C.4. (Medical Superintendent: S. Langton, M.B.) The Congregation of the Servants of Christ the King ... ..	Do.	575 patients of both sexes.
The Royal Earlswood Institution for Mental Defectives, Redhill.			Surrey County Council. ... ..	Do.	30 feeble-minded males—age on ad- mission 16 to 20 years. Church of England cases only.
Mount Olivet, Frensham, Farnham.			Do.	Do.	97 male adults of the younger employ- able type.
Botley's Park, Chertsey, with ancillary pre- mises: Murray House, Otter- shaw.			Surrey Voluntary Association ... .. (Sec.:—Miss W. Gibson, B.Sc., 18, Park Street, Guildford.) Do.	Do.	300 female adults and children of either sex.
Clerk's Croft, Bletch- ingley.			Executive Committee, Braille and Servers of the Blind League.	Do.	102 males. Imbeciles and feeble-minded over the age of 16.
The Royal Hostel, Royal Common, Elstead, Godalming.			See under County of Hampshire—St. Mary's Home, Alton.	Do.	32 high-grade male adults.
Eagle House, London Road, Mitcham.			The Committee: E. Sussex County Council Hon. Sec.: Miss M. Beale, Standen, East Grinstead.	Do.	46 high grade imbecile and feeble-minded females over 16.
The Ellen Terry National Home for Blind Defec- tive Children, Reigate* Thorpe Place, Thorpe, Chertsey.			Guardianship Society, Brighton ... .. (Hon. Sec.: Miss G. E. Woodhead, 8, Grand Parade, Brighton.) Do.	Do.	30 blind defectives up to the age of 16. Certified by Board of Education for 30 children.
The Hermitage, Fairwarp, Uckfield, with ancillary premises: Wharf House, Lewes; and Lark's Hill, Fair- warp.			Do.	Do.	44 females.
"Dungates," Horeham Road.			Do.	Do.	7 feeble-minded males.
Tubwell Farm, Jarvis Brook.			Do.	Do.	7 feeble-minded males.

\* Certified as a Special School by Board of Education.

## CERTIFIED INSTITUTIONS—continued.

COUNTY OR COUNTY BOROUGH within which the Institution is situated C.B. = County Borough.	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Sussex, East— <i>contd.</i>	Laughton Lodge, Laughton, Lewes.	Brighton County Borough Council ...	H. J. T. McIlveen, County Hall, Lewes.	34 male adults.
Sussex, West ...	The Home of the Holy Rood, Findon.	<i>See under County of Hampshire—St. Mary's Home, Alton.</i>		
Warwick ...	Midland Counties Institution, Knowle, near Birmingham.	General and Managing Committee ...	A. C. Burrows, 1, New Street, Warwick.	197 male patients.
	Warwickshire Weston Colony, Weston-under-Weatherley, Leamington Spa.	Warwick C.C. ... ..	Do. do.	32 male and 106 female feeble-minded adults.
(Birmingham C.B.)	Coleshill Hall, near Birmingham.	Birmingham C.B. Council (Medical Superintendent: H. F. Stephens, L.R.C.P.)	Do. do.	180 males and 240 females aged 16 years and upwards.
	The Agatha Stacey Home, Rednal, near Birmingham.	The Committee of the Agatha Stacey Home. Sec.:—Miss M. E. Warner, Depot, 158, Broad Street, Birmingham.	C. E. Barker, Birmingham.	40 female feeble-minded patients over 15 years of age.
(Do.)	Monyhull Colony * King's Heath, Birmingham, with ancillary premises:	Birmingham C.B. Council (Medical Superintendent: A. M. McCutcheon, F.R.F.P.S.)	Do. do.	583 males and 647 females. All classes. <i>Certified by the Board of Education for 310 children.</i>
	"The Laurels," 233, Monyhull Road, King's Norton.			"The Laurels"—13 female adults.
Wilts ...	Pewsey Colony, 1, Wilcot Road, Pewsey.	Wilts C.C. ... ..	W. L. Bown, Trowbridge.	201 patients.
Worcester ...	Besford Court Home, near Defford.*† with ancillary premises: St. Joseph's, Astwood Bank, near Redditch.	Committee of Management ... ..	C. H. Bird, Shire Hall, Worcester.	190 males; all cases, whether under or over the age of 16 years, to be of a degree of mental defect such as will permit of their being housed and instructed with the children for whom the school is primarily intended. Total cases not to exceed 380. <i>Certified by Board of Education for 210 boys, and also certified by Home Office.</i>

Yorks, N.R.	...	Claypenny Colony, Easingwold.	North Riding of Yorks C.C.	...	Maj. H. H. Dryland, M.B.E., Clifton, York.	63 adult and 16 juvenile females and 11 cot and chair cases of either sex.
Yorks, W.R.	...	Rawcliffe Hall, near Goole.	West Riding of Yorks C.C.	...	W. H. Coles, Burton Street, Wakefield.	121 females. All classes within the meaning of the Act—10 years of age and upwards.
(Leeds C.B.)	...	Meanwood Park Colony, Meanwood, Leeds, with ancillary premises: Kepstorn, Morris Lane, Kirkstall, Leeds.	Leeds C.B. Council. Correspondent:—S. Wormald, Executive Officer, 27, Blundell Street, Leeds. Do.	...	F. Richards, Town Hall, Leeds.	163 males and 268 females.
Yorks, W.R.	...	Mid-Yorks Certified In- stitution, Whixley, Yorks.	Mid-Yorkshire Joint Board for the Mentally Defective. Clerk:—T. Thornton, Town Clerk's Office, 11, Park Square, Leeds.	...	Do.	40 females. High grade feeble-minded patients over 16 years of age.
		The Mansion, Kirkbur- ton, near Hudders- field.	West Riding of Yorks C.C.	...	Do.	214 males. All classes within the meaning of the Act.
		Oulton Hall, Oulton, near Leeds.	Do.	...	Do.	60 females.
		St. Catherine's, Lover- sall, Doncaster.	S.W. Yorkshire Joint Board for the Mentally Defective.	...	Do.	264 males. In-County cases only.
		Craigie Lea Children's Home, Ovenden, Halifax.	Halifax County Borough Council	...	Do.	160 males and 140 females.
		Hollow Meadows, Malin Bridge, Sheffield.	Sheffield C.B. Council	...	Do.	16 males and 12 females.
		Wales Court, Kiveton, Sheffield.	Do.	...	Do.	58 imbecile and feeble-minded males.
				...	Do.	50 females. All classes within the meaning of the Act.

\* Certified as a Special School by Board of Education.  
† Certified as a Special Industrial School by Home Secretary.

## CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough.	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
(Sheffield C.B.)	Cliffe House, Elm Lane, Shiregreen, Sheffield.	Sheffield C.B. Council ... ..	F. B. Dingle, Court House, Sheffield.	29 low-grade juvenile males.
Do. ...	St. Joseph's School, Howard Hill, Sheffield.	The Sisters of Charity of St. Vincent de Paul.	Do. do.	50 females: 30 medium-grade girls under the age of 16 years and 20 cot and chair cases.
(Bradford C.B.)	Westwood, Clayton Heights, Clayton, near Bradford, <i>with ancillary premises</i> : Ashfield, 269, Thornton Road, Thornton, near Bradford.	The County Borough Council of Bradford Clerk:—Town Clerk, Town Hall, Bradford.	W. H. Coles, Bank House, Burton St., Wakefield.	180 males and 60 females.
Yorks, E.R. ... (Kingston-on-Hull, C.B.)	Tilworth Grange, Sutton, Hull. Brandesburton Hall, Brandesburton.	Kingston-on-Hull County Borough Council E. Riding and York Joint Board ...	W. C. Bairstow, Law Courts, Hull. Sir Godfrey Macdonald, Bt., County Hall, Beverley.	50 females.  150 females. All classes within the meaning of the Act. 65 medium to high-grade females (juveniles and younger adults); 35 active low-grade females of all ages; 21 working males over the age of 16 years.

## INSTITUTIONS APPROVED UNDER SECTION 37.

Owning Local Authority. (C.B.=County Borough.)	Address of the Institution.	Clerk to Visitors.	Number and Class of Defectives.
Bedford... ..	St. Peter's Hospital, Kimbolton Road, Bedford.	G. J. M. Whyley, Bedford ...	13 adult females.
	1, Grovebury Road, Leighton Buzzard.	J. B. Graham, Shire Hall, Bedford.	6 adult females. Active medium to low grade.
Berks ... ..	Central House, Bradfield, Reading	H. J. C. Neobard, Shire Hall, Reading.	95 females.
	Easthampstead Public Assistance Institution, Easthampstead.	Do. do.	106 males.
Bucks ... ..	100, Birtton Hill, Aylesbury ...	H. Fisher, County Hall, Aylesbury	18 male and 12 female adults.
	1, Buckingham Road, Winslow ...	Do. do.	9 males and 40 females.
Cambridge ... ..	81A, Mill Road, Cambridge ...	J. Lyon, 21, St. Andrew Street, Cambridge.	4 male and 10 female adults. Suitable for treatment in a common ward.
	29, Union Lane, Cambridge ...	Do. do.	2 male and 8 female adults.
	The Red House, Linton ... ..	A. Tabrum, Shire Hall, Cambridge.	4 adults of each sex.
Isle of Ely ... ..	Tower House, Cambridge Road, Ely	C. E. F. Copeman, M.A., County Hall, March.	10 female adults.

INSTITUTIONS APPROVED UNDER SECTION 37—*continued.*

Owning Local Authority. (C.B. = County Borough.)	Address of the Institution.	Clerk to Visitors.	Number and Class of Defectives.
Caernarvon ...	Eryri Hospital, Caernarvon ...	David G. Jones, Caernarvon ...	19 males and 16 females under 16.
Cheshire ...	Tarvin House, Boughton Heath, Chester.	G. C. Scrimgeour, Northgate Street, Chester.	15 male and 40 female adults.
(Birkenhead C.B.)	Congleton Public Assistance Institution, Sandbach.	Do. do.	16 male adults and 14 juveniles of either sex.
(Chester C.B.)	Birkenhead Public Assistance Institution, Tranmere, Birkenhead.	E. W. T. Gasking, Sessions Court, Birkenhead.	30 adults.
Cornwall ...	57, Hoole Lane, Chester ...	G. C. Scrimgeour, Northgate Street, Chester.	40 females.
	Berry Tower House, Bodmin ...	T. A. H. Sheers, Clerk of the Peace, Truro.	5 male and 20 female adults.
	Budock House, Falmouth ...	Do. do.	34 males and 13 females; (10 adult males, 13 adult females, and 24 juvenile males).
Denbigh ...	Ruthin P.A.I., Ruthin ...	W. Jones, Ruthin ...	15 male and 1 female adults.
Derby ...	Shire Hill View, Glossop ...	W. B. Bunting, Chapel-en-le-Frith ...	12 male and 12 female adults.
(Derby C.B.)	Boundary House, Uttoxeter Road, Derby.	W. R. H. Whiston, Derby ...	30 adult females.
Devon ...	19, Alexandra Road, Barnstaple ...	S. A. Copp, Barnstaple ...	20 male and 6 female adults.
	Red Hill House, St. Thomas, Exeter	J. Whiteside, The Court House, Exeter.	6 male and 12 female adults.
	1, North Road, South Molton ...	J. Furze Saunders, South Molton	15 male and 34 female adults.
(Plymouth C.B.)	Ford House, Auckland Road, Devonport.	J. Bone, Plymouth ...	25 male and 50 female adults.
(Exeter C.B.)	Exeter City Hospital, Heavitree Road, Exeter.	J. Whiteside, The Court House, Exeter.	12 adults of each sex.

Dorset ... ..	Bedford House, Bedford Place, Brixport.	J. L. Torr, Dorchester ... ..	29 female adults.
Durham ... ..	Oaklands, Bishop Auckland ... ..	G. H. Watson, Darlington ... ..	82 adult females.
(Darlington C.B.) ... ..	90, Yarm Road, Darlington ... ..	Do. do. ... ..	12 male and 12 female adults.
(Gateshead C.B.) ... ..	High Teams Hospital, Gateshead...	Do. do. ... ..	4 male and 19 female adults.
(W. Hartlepool C.B.) ... ..	Howbeck Colony, West Hartlepool	Do. do. ... ..	50 males and 160 females.
(South Shields C.B.) ... ..	1, Moor Lane, West Harton, South Shields.	Do. do. ... ..	78 adult males.
Essex ... ..	People's Home, Saffron Walden ... ..	C. S. D. Wade, Clerk of the Peace, Saffron Walden.	18 female adults.
(West Ham C.B.) ... ..	Winstree House, Stanway, Colchester.	E. S. Holcroft, Shire Hall, Chelmsford.	36 female adults.
Flint ... ..	The Forest Gate Hospital,* Forest Lane, Forest Gate, E.7.	J. H. Jackson, Police Court, West Ham, E.15.	20 male and 30 female adults and 15 female juveniles.
Glamorgan (Cardiff C.B.) ... ..	Cartrefle, St. Asaph ... ..	J. Harvey Davies, County Offices, Mold.	12 adults of each sex.
Gloucester ... ..	Ely Lodge, Ely, Cardiff ... ..	E. J. Hayward, Law Courts, Cardiff	152—not more than 89 males and not more than 69 females.
(Bristol C.B.) ... ..	24, Queen's Hill, Cirencester ... ..	R. W. Ellett, Cirencester ... ..	10 female adults and 15 male and 10 female juveniles.
	East View, Mangersbury, Stow-on-the-Wold.	R. Moon, Shire Hall, Gloucester...	25 active low-grade adult males
	Stapleton Institution, Fishponds, Bristol.	S. Young, Petty Sessional Court House, Bristol.	100 male and 100 female adults.

\* Certified as a Special School by Board of Education.

## INSTITUTIONS APPROVED UNDER SECTION 37—continued

Owning Local Authority. (C.B.=County Borough.)	Address of the Institution.	Clerk to Visitors.	Number and Class of Defectives.
Hereford ...	The Infirmary, Ross ...	E. W. Maples, Hereford ...	25 male and 15 female adults.
Herts ...	"Haymeads," Bishop Stortford ...	Elton Longmore, Hertford ...	40 female older adults.
Isle of Wight ...	60, Vicarage Road, Watford ...	Do. do.	18 male and 22 female adults.
	Forest House, Parkhurst, Isle of Wight.	A. J. Rogers, Magistrates Clerk's Office, Southampton.	20 male and 20 female adults.
Kent ...	Hartley House, Cranbrook ...	Charles E. Warner, Tonbridge ...	15 male and 20 female adults.
	2, Mill Lane, Sandwich ...	Do. do.	60 male and 24 female adults; 35 male and 11 female juveniles.
	Birchfield House, Sundridge, Seven-oaks.	Do. do.	30 female adults.
(Canterbury C.B.)	The Home, Nunnery Fields, Canterbury.	T. A. Bowen, Clerk to Justices, Canterbury.	10 male and 10 female adults.
Lancashire ...	27, Stanley Street, Ulverston ...	J. T. Sanderson, 67, Church Street, Lancaster.	85 adult females.
(Manchester C.B.)	Swinton Home, Manchester ...	W. Procter, 36, Brazennose Street, Manchester.	61 male and 61 female juveniles.
	Eaves Lane, Chorley ...	L. Cotman, 8 Lune Street, Preston	15 male and 35 female adults.
	Clitheroe Public Assistance Institution.	Do. do.	39 older adult males.
(Liverpool C.B.)	Seafeld House, Seaforth, Liverpool	G. W. Swift, 74, Hanover Street, Liverpool.	101 males and 134 females.
Leicester ...	59A, Regent Street, Loughborough	L. E. Rumsey, 10, New Street, Leicester.	40 female adults; feeble-minded and high grade.
	Mountsorrel Public Assistance Institution, Mountsorrel, Loughborough.	Do. do.	23 male adults.

Lincoln (Kesteven)	...	Dysart Road, Grantham	...	R. F. M. White, Grantham	...	4 male and 7 female adults.
Do.	...	93, East Gate, Sleaford	...	W. T. Phipps, Grantham	...	1 male and 7 female adults.
Do.	...	Well Head House, Bourne	...	Do.	do.	4 female adults.
(Lincoln C.B.)	...	8A, Burton Road, Lincoln	...	W. M. Phillips, Clerk to the Justices, Lincoln.		10 adults of each sex.
London	...	Darent Training Colony, Dartford		Chas. E. Warner, Tonbridge	...	Trainable cases.
		Leavesden Mental Hospital, Abbot's Langley, Watford.		Elton Longmore, Hertford	...	Unimprovable adults and cases of chronic infirmity.
		Caterham Mental Hospital, Caterham, Surrey.		D. Auckland, County Hall, Kingston-on-Thames.		Unimprovable adults. Low-grade trainable children. 35 high-grade employable adult males at Chaldon Mead.
		Fountain Mental Hospital, Tooting Grove, S.W.17.		Jno. Dix, Sessions House, Newington, S.E.1.		Children. All classes up to 9 years. Unimprovable. Girls up to 16 years. Adult female working patients.
		St. Stephen's Hospital, 369, Fulham Road, S.W.10.		Do.	do.	5 male and 10 female adults suffering from venereal disease.
Merioneth	...	Minffordd, Penrhyndeudraeth, Merioneth.	...	H. J. Owen, Clerk of the Peace, Dolgelly.		23 male and 27 female adults.

INSTITUTIONS APPROVED UNDER SECTION 37—*continued.*

Owning Local Authority. (C.B.=County Borough.)	Address of the Institution.	Clerk to Visitors.	Number and Class of Defectives.
Monmouth ... ..	Coedygrie House, Griffithstown ...	T. L. Hughes, Clerk of the Peace, Newport (Mon.).	55 female adults.
Montgomery ... ..	Cae Hein, Forden, Welshpool ...	J. E. Tomley, Montgomery ...	32 male and 48 female adults.
	The Lodge, Caersws, Mont. ...	Do. do. ...	53 male and 46 female juveniles.
Norfolk ... ..	Hill House, Pulham Market ...	J. Middleton, M.B.E., Thorpe Mental Hospital, Norwich. ...	12 adult females.
	Cades Hill House, Attleborough ...	Do. do. ...	12 adult females.
Northampton ... ..	77, London Road, Kettering ...	H. J. Cove, Northampton ...	16 male and 16 female adults.
	3A, Castle Street, Wellingborough	Do. do. ...	10 male and 20 female adults.
(Northampton C.B.)	137A, Wellingborough Road, North- ampton.	A. J. Redhead, Northampton ...	9 adults.
(Soke of Peterborough)	Thorpe Road House, Peterborough	W. J. Deacon, Clerk of the Peace, Peterborough.	12 male and 21 female adults
Notts ... ..	121, Highbury Road, Bulwell, Nottingham.	K. T. Meaby, Shire Hall, Notting- ham.	40 female adults.
	1, Leverton Road, Retford ...	Do. do. ...	4 male and 8 female adults.
	105, Stockwell Gate, Mansfield ...	Do. do. ...	6 male and 12 female adults.
	Greet House, Upton, Southwell ...	Do. do. ...	3 male and 4 female adults.
Oxford ... ..	26, London Road, Chipping Norton	F. G. Scott, County Hall, Oxford.	15 male and 25 female adults.

Rutland	...	The Ashes, Ashwell Road, Oakham	R. C. Dalton, Clerk of the Peace, Oakham.	8 adult females.
Shropshire	...	50, Shrewsbury Road, Church Stretton.	W. L. Edge, County Buildings, Shrewsbury.	5 female adults.
	...	The Beeches, Iron Bridge, Salop ...	C. J. Sargeant, Much Wenlock ...	10 male and 15 female adults.
Somerset (Bath C.B.)	...	Frome Road House Institution, Odd Down, Bath.	W. M. Reece Lewis, Guildhall, Bath.	10 male adults.
Southampton	...	Cowderys Down House, Basing ...	A. J. Rogers, Magistrates Clerk's Office, Southampton.	30 adult females.
	...	52, Wickham Road, Fareham ...	Do. do.	30 male and 10 female adults.
	...	Barton House, Fordingbridge, Salisbury.	Do. do.	14 male and 13 female adults.
(Portsmouth C.B.)	...	St. Mary's Hospital, Milton, Portsmouth.	B. J. Tay, Guildhall, Portsmouth	29 male and 31 female adults.
Stafford	...	15, Trent Valley Road, Lichfield ...	A. H. Barnes, Lichfield ...	2 female adults.
	...	Burton House, 10, Burton Road, Sedgley.	H. L. Underwood, M.A., LL.B., County Buildings, Stafford.	50 male and 65 female adults.
(Burton-on-Trent C.B.)	...	145, Belvedere Road, Burton-on-Trent.	H. W. Goodger, Stapenhill, Burton-on-Trent.	14 male and 10 female adults.
	...	Sandfield House, Wordsley, Stourbridge, with ancillary premises (annex): Sandfield, Wordsley.	H. L. Underwood, M.A., LL.B., County Buildings, Stafford.	186 male and 130 female adults, and 68 children, on the understanding that not more than 36 cases shall be received into "Sandfield."
	...	31, Wigginton Road, Tamworth ...	Do. do.	12 female adults.
(Wolverhampton C.B.)	...	Heath Town, Wolverhampton ...	H. M. Foster, Town Hall, Wolverhampton.	17 male and 14 female adults.
Suffolk (Ipswich C.B.)	...	Heathfield, Woodbridge Road, Ipswich.	F. S. Ward, 32, Museum Street, Ipswich.	20 male and 25 female adults.
Surrey	...	2, Horsham Road, Dorking ...	D. Aukland, County Hall, Kingston-on-Thames.	12 female adults.
	...	St. John's, Redhill ...	Do. do.	1 male and 9 female adults.
	...	Queen's Road Homes, Croydon ...	J. M. Newnham, Town Hall, Croydon.	7 juvenile males.

INSTITUTIONS APPROVED UNDER SECTION 37—*continued.*

Owning Local Authority. (C.B.=County Borough.)	Address of the Institution.	Clerk to Visitors.	Number and Class of Defectives.
Sussex (East) ... ..	West Hylands, Cuckfield ... ..	H. J. T. McIlveen, County Hall, Lewes.	10 male and 20 female adults.
	2, Upper Shoreham Road, Kingston-by-Sea.	Do.	5 adults of each sex.
	Pouchlands House, East Chiltington, Lewes.	Do.	36 male and 12 female adults.
(Eastbourne C.B.) ... ..	St. Mary's Institution, 123, Church Street, Eastbourne.	Do.	1 adult female.
(Hastings C.B.) ... ..	40, Frederick Road, Hastings ... ..	F. G. Langham, Palace Chambers, Hastings.	12 adults of each sex.
Sussex (West) ... ..	78, Crawley Road, Horsham ... ..	J. E. Seager, County Hall, Chichester.	5 male and 10 female adults.
	Budgenor Lodge, Midhurst ... ..	Do.	5 male and 15 female adults.
	North View, East Preston, Littlehampton.	Do.	6 male and 15 female adults.
Warwick (Birmingham C.B.)	Erdington House, Erdington, Birmingham.	C. E. Barker, Birmingham ... ..	50 adults of each sex, and 31 male and 30 female juveniles.
	Western House, Birmingham ... ..	Do.	6 adult females suffering from venereal disease.
Warwick ... ..	91, Union Road, Warwick ... ..	J. Tibbits, Warwick ... ..	4 male and 24 female adults.
	Alcester Public Assistance Institution.	A. C. Burrows, 1, New Street, Warwick.	23 adult females.
Westmorland ... ..	Ackenthwaite End, Milnthorpe, Westmorland.	H. B. Greenwood, Clerk of the Peace, Kendal.	26 adult males, 27 adult females, and 18 boys and 24 girls.
Wilts ... ..	7, Commercial Road, Devizes ... ..	A. Hodge, Magistrates Clerk's Office, Devizes.	32 juvenile male and 16 females who are employable younger adults.

Worcester	...	Purton, near Swindon	...	W. L. Bown, Trowbridge	...	18 juveniles of both sexes.
		Semington House, Trowbridge	...	Do.	do.	22 male and 36 female adults.
		Kings Way House, Wilton, Salisbury.		Do.	do.	65 female adults.
		5, Avonside, Hampton, Evesham...		C. H. Bird, Worcester	...	4 female adults.
(Worcester C.B.)	...	Municipal Homes, Tallow Hill, Worcester.		J. L. Wood, Guildhall, Worcester		30 male and 20 female adults.
		19, Bridlington Road, Driffeld	...	Sir Godfrey Macdonald, Bt., County Hall, Beverley.		21 male and 31 female adults.
Yorkshire : East Riding	(Kingston-upon-Hull C.B.)	188, Anlaby Road, Kingston-upon-Hull.		W. C. Bairstow, The Law Courts, Hull.		24 male and 24 female adults.
		75, Huntington Road, York	...	H. Venn Scott, Clifford Street, York.		10 male and 15 female adults and 20 juvenile males.
Yorkshire : North Riding	...	Sunbeck House, Northallerton	...	Major H. H. Dryland, M.B.E., Clifton, York.		6 male adults.
		18, Dean Road, Scarborough	...	C. W. Goodall, Scarborough	...	35 male and 32 female adults.
Yorkshire : West Riding	(Barnsley C.B.).	Barnabas Road, Middlesbrough	...	T. Belk, Municipal Buildings, Middlesbrough.		7 adult females.
		80, Gawber Road, Barnsley	...	W. H. Coles, Burton Street, Wakefield.		10 adults of each sex.
(Doncaster C.B.)	...	Springwell House, Balby, Doncaster		J. W. Thorpe, Guildhall, Doncaster		20 adults of each sex.

INSTITUTIONS APPROVED UNDER SECTION 37—*continued.*

Owning Local Authority. (C.B.=County Borough.)	Address of the Institution.	Clerk to Visitors.	Number and Class of Defectives.
(Halifax C.B.)     ...	166, Gibbet Street, Halifax     ...	W. H. Coles, Wakefield     ...	8 male and 16 female adults.
	Deanhouse, Thongsbridge, Huddersfield.	Do.     do.	10 male and 25 female adults.
	1, Reins Road, Giggleswick, Settle	Do.     do.	53 males and 5 females, <i>i.e.</i> : 27 juvenile males to be accommodated in the Isolation Hospital and 26 male and 5 female adults in the Main Building.
(Sheffield C.B.)     ...	Fir Vale House, Pitsmoor, Sheffield	F. B. Dingle, Sheffield     ...	40 male and 75 female adults.
	The Beeches, Tadcaster     ...	W. H. Coles, Wakefield     ...	24 adult females.
	Greno Buildings, Grenoside, Sheffield.	Do.     do.	20 adult females.

## CERTIFIED HOUSES.

COUNTY.	Name and Address of House.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Lancashire ...	Cavendish House, Woodvale, Ainsdale, near Southport.	Miss Hutsby...	G. W. Swift, 74, Hanover Street, Liverpool	42 female patients from 3 years of age.
Middlesex ...	St. Margaret's, 9, Priory Road, Bedford Park, London, W.4.	Miss Rose H. D. Whiting ...	C. W. Radcliffe, M.A., Guildhall, Westminster, S.W.1.	10 females. Imbeciles and feeble-minded.
	Larkfield, Hampton Hill	Mrs. Adeline M. Campbell...	Do. do.	14 juveniles: ambulant trainable cases.
	Normansfield, Kingston Road, Teddington.	R. L. Langdon-Down, M.B., and P. L. Langdon-Down, M.B.	Do. do.	150 males and females, not more than 100 of either sex at any one time.
Sussex, East ...	St. Joseph's Home, Burgess Hill.	Proprietors of St. George's Retreat	H. J. T. McIlveen, County Hall, Lewes.	30 females of 12 years of age and upwards.
(Brighton C.B.)	Villa Maria, Kemp Town, Brighton.	Do. do.	A. G. Walker, Clerk to Justices, Brighton.	12 females from 12 years of age and upwards.

## APPROVED HOMES.

COUNTY.	Name and Address of Home.	Names of Managers or Owners.	Number and Class of Defectives.
Berks ...	St. Agnes, Grove Hill, Caversham.	Miss Sarah Dugdale ...	3 male and 5 female juveniles.
Bucks ...	Lynwood, Woburn Sands, Bucks.	Mr. and Mrs. C. D. F. G. Loveless ...	8 males.
Cheshire ...	"Westfield," London Road, Poynton.	Miss E. C. and Miss M. F. Evatt ...	12: not more than 6 of each sex.
Cornwall ...	The Elizabeth Barclay Home of Industry, Bodmin.	The Committee of the Elizabeth Barclay Home of Industry, Bodmin. Sec.:—Miss J. K. Cruddas, St. Anne's, Bodmin. Miss L. Cottrell and Miss E. Costiff ...	26 females.
Devon ...	Raleigh House, Ottery St. Mary.	Miss E. Coffin ...	4 male and 11 female juveniles.
Dorset ...	Shirley, West Moors ...	Mr. Percy and Mrs. Gertrude Chennells ...	6 feeble-minded female adults. 7 of one sex.
Essex...	Gay Bowers, West Hanningfield, Chelmsford.	Miss Agnes King-Turner ...	25 cases of either sex—each child in all respects suitable to be in a house where the sexes are associated.
Gloucester ...	Southend House School, Hatherley Brake, Cheltenham.	Miss J. M. Isbister and Miss M. O. Isbister ...	22 active trainable cases of either sex in all respects suitable to live in association. 15 children.
Herts ...	Arniston School, Boxmoor House, Boxmoor. Rowley Lodge, Rowley Green, Barnet Jersey Farm, Sandridge, St. Albans, <i>with ancillary premises:</i> White House Farm Cottages, N.14.	Miss E. M. Wall ... H. Corner, M.D. ...	16 patients—14 males at Jersey Farm and 2 either male or female at White House Farm Cottages.
Kent ...	Upper Hollenden Farm, Princess Christian's Farm Colony, Hildenboro', Kent. Grove House School, Pluckley, Ashford. Larkfield Hall, Larkfield, Maidstone.	National Association for the Feeble-minded, 72, Denison House, 296, Vauxhall Bridge Road, Westminster, S.W.1. Mr. and Mrs. H. T. Green ... Miss B. Sargeant ...	18 adult males. 26 males between the ages of 7 and 16 years. 5 male and 6 female children.

Merioneth	...	Bryn School, Hengwrt Uchaf, Dolgelly.	Miss C. E. Gibson ...	...	...	50 males under the age of 16 years.
Middlesex	...	Alexander House, 117, High Street, Uxbridge.	National Association for the Feeble-minded, 72, Denison House, 296, Vauxhall Bridge Road, Westminster, S.W.1. Hon. Sec.:—Mrs. O. Western, 23, Langland Gar- dens, Hampstead, N.W.3.	...	...	24 females.
		Conifers, Kingston Road, Hampton Wick.	R. L. Langdon-Down, M.B., and P. L. Langdon- Down, M.B., Normansfield, Hampton Wick.	...	...	3 male (children) and 22 female private patients.
		Trematon, Broom Road, Teddington.	Do. do.	...	...	24 males. Private.
		St. Christopher's School, Amherst Road, Ealing, W.	Miss M. C. B. Foster	...	...	28 private patients.
Norfolk	...	Ingleside, Trimingham, Norwich.	Miss S. A. Huntly	...	...	12 females.
Oxford	...	St. Joseph's, Aston, Oxford	Mrs. E. de V. Lawson	...	...	8 male adults.
Salop	...	West of England School of Handicrafts (excluding Annexe), Burlton, Salop.	Mr. Thomas J. Parry	...	...	50 males, aged 16 years and upwards.
Suffolk	...	Dyke House, Methwold, Brandon.	Mr. L. Porter-Morris and Mr. A. E. Norbert Bates	...	...	8 males over 16 years of age.
Surrey	...	Belmont Private Nursing School, Ravenscroft, War- lingham, Donec, Grayshott, Hindhead. Lynton, Coombe Lane, Kingston Hill.	J. P. Race, L.R.C.P., and D. E. Hearn, L.M.S.S.A.	...	...	37 children of either sex.
			Miss R. L. Binney ... Miss M. I. Morrell ...	...	...	9 children of either sex. 6 females between the ages of 14 and 18 years on admission.
Sussex (East) (Hastings C.B.)	...	Tilden Cottage, Hindhead ... St. Paul's House, Upper Maze Hill, St. Leonards-on-Sea.	Miss A. Willsher ... Miss A. Meiklejohn ...	...	...	8 adult males. 33 defectives, not more than 5 to be males.

APPROVED HOMES—*continued.*

COUNTY.	Name and Address of Home.	Names of Managers or Owners.			Number and Class of Defectives.
Sussex (East) (Hastings C.B.)	Dunclutha, St. Helen's Park, Hastings.	Miss Mole and Miss Bruce	...	...	40 males.
	The Margaret Macdowall School, Inholmes Park Road, Burgess Hill.	Miss A. Park and Miss E. M. Shelton	...	...	18.
	Roffey House, Church Road, Burgess Hill.	Miss O. B. Matthews	...	...	11 children.
Sussex (West)	The Priory, Tortington, near Arundel.	Miss D. S. Ault	...	...	14 males.
	Haute Terre, Franklyn Road, Hayward's Heath.	Miss L. H. Smyth	...	...	10 children.
	The Cedars, North Parade, Horsham.	Miss V. McV. Moore	...	...	8 males aged 14 years and upwards.
Warwick	The Vineyard (including Vinette), Longbridge Lane, Birmingham.	Miss M. F. Bridie	...	...	42 children between the ages of 6 and 16 years, of whom 8 patients of one sex shall be accommodated at "Vinette."
	Hughenden, Tile Hill, Coventry.	Mrs. L. Steer	...	...	22 male children.
Worcester	Clent Grove, Clent, Stourbridge, and Sunfield Children's Home, Weoley Park Road, Selly Oak, Birmingham.	Mr. M. H. Wilson	...	...	48 patients.







